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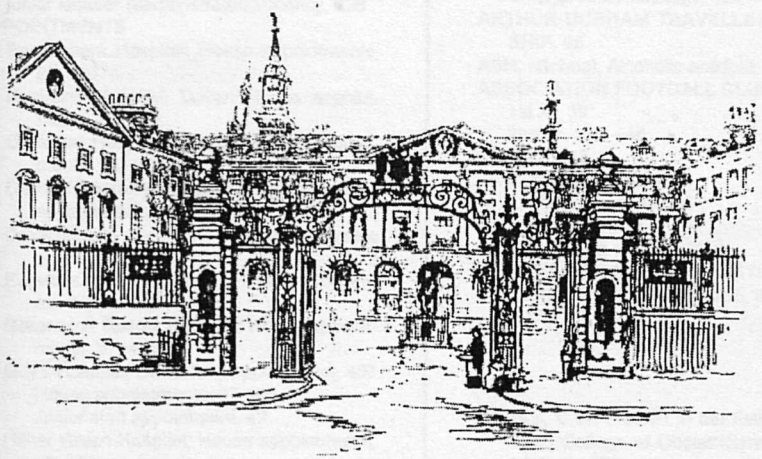
INDEX TO VOLUME 94



Guy's Hospital, Main Entrance.

1980

C - Correspondence P - Passim R - Review

A

ADAMS, A.P: Interview, 61
ADAMS, R.W. Retirement of Miss Betty Hammond [L.W. Moreland & co. Ltd], 351 (C)
ADAMS, S.P.R: Medical Defence Union Essay Competition, 1st prize, 364
ADINOLFI, Matteo. A new Art Club at Guy's [407 Art Club], 249
ADRIAN STOKES MEMORIAL FELLOWSHIP, 99
Alcoholic antidote (Michael Ash), 390 (C)
ALCOHOLISM: Cost to the NHS, 299
ALTSCHUL, BAILEY and **WARD.** *Multiple choice questions book 3*, 259 (R)
AMERICAN AMBASSADOR: talk to the Quodlibet Society, 189
ANATONY DEPARTMENT
[Freshers' section] (J. Joseph), 327
junior lecturer (demonstrator) vacancy, 233
APPOINTMENTS
Beckenham Hospital: House appointments, 87, 401
Buckland Hospital, Dover: House appointments, 88, 402
Cuckfield Hospital, Sussex: House appointments, 88, 402
District General Hospital, Eastbourne: House appointments, 88, 401
Dreadnought Seamen's Hospital: House appointments, 88, 401
Edgware General Hospital: House appointments, 88, 402
Greenwich District Hospital: House appointments, 87, 401
Guy's Hospital: Consultant appointment, 407
House appointments, 87 400
Junior staff appointment, 42
Hither Green Hospital: House appointments, 88, 401
Isle of Thanet District Hospital, Ramsgate: House appointments, 88, 402
Joyce Green Hospital, Dartford: House appointments, 88, 402
Kent and Canterbury Hospital: House appointments, 88, 401
Lewisham Hospital: House appointments, 88, 401
New Cross Hospital: House appointments, 87, 401
Orpington Hospital: House appointments, 88, 401
Pembury Hospital: House appointments, 88, 401
Royal Sussex County Hospital, Brighton: House appointments, 88, 402
St. Helen's Hospital, Hastings: House appointments, 88, 401
St. Mary's Hospital, Eastbourne: House appointments, 88, 401
West Kent General Hospital, Maidstone: House appointments, 88, 402
West Suffolk Hospital, Bury St. Edmunds: House Appointment, 402
William Harvey Hospital, Ashford: House appointments, 88, 401
APPRECIATION:
Baxter, E.W, 374
Emslie, R.D, 372
Lawrie, Rex, 143
Pini, A.P.J, 7
Razzell, P.J, 7
Vale, W.A, 54
ARCHER, P: Appeal for the return of medical drawings, 280
ARMSTRONG, D. Sociology as applied to Medicine [Freshers' section], 332
ART CLUB (407), 3, 140
exhibitions, 410
new art club at Guy's, 249
ARTHRITIS AND RHEUMATISM COUNCIL: Chair of Rheumatology, 188
ARTHUR DURHAM TRAVELLING STUDENTSHIP, 98
ASH, Michael, Alcoholic antidote, 390 (C)
ASSOCIATION FOOTBALL CLUB, 190
1st XI, 39
2nd XI, 131, 444
3rd XI, 85
tour of Germany, 22
v. Catford Strollers, 354
v. Guy's Staff Club, 354
v. Orpington Hospital, 354
ASSOCIATION OF ANAESTHETISTS UNDERGRADUATE ESSAY PRIZE, 96

B

BANKS, C.W: Elected to the Fellowship of the Royal College of Obstetricians and Gynaecologists, 234
BARKER, D.J.P. and **ROSE, G.** *Epidemiology in medical practice*. 2nd edition, 125 (R)
BARNICOAT, Angela, Double standards, 215 (C)
and **NEWSON, Chris,** The childrens' playgroup, 208
et al. A Week at Pfizer, 164
BASS, B.H. Biennial Dinner, 306 (C)
BAXTER, E.W.
Appreciation, 374
[retirement] (Basil Rickard), 262 (C)
BEANEY SCHOARSHIP IN MATERIA MEDICA, 98
Bell tolls for breakfast (Gazette), 344
BEQUESTS:
Greenhalgh, J, 366
Roberts, P.W, 365
BERRY, S: Medical Defence Union Essay Competition, 2nd prize in the dental essay, 364

Bicentenary photograph (Ben Southwell), 34 (C)
BINGHAM, A.J. *A tribute [to nurses]*, 263 (C)
Biochemistry Department (A.T. Diplock) [Freshers' section], 328
BIRTHS: 44, 89, 135, 180, 226, 269, 312, 402, 446
BISHOP, Peter, METABOLIC WARD, 3
BLACKBURN, Guy: Elected Master of the Worshipful Society of Apothecaries, 316
BLAIKLEY, Dawn J. British Kidney Patient Association, 264 (C)
BLOCKLEY, C.H: Elected President of the American Dental Society of Europe, 50
BLOOMFIELD CLINIC AND LEARNING CENTRE, 431
BLUES COMMITTEE AWARDS, 133, 217, 393
BOAT CLUB, 2 (P), 133, 219
Allom Cup for novice VIII's, 37
inter-hospital bumps, 266
three trophies in four day's, 36
United Hospitals Regatta, 36
BOMPAS, D.G. Florence and Ernest Shepard exhibition [407 Art Club], 435, [photograph], 435
BONSOR, *Sir* Cosmo and Lady Mabel, **SCHOLARSHIP,** 362
BORE, Eustace Issues in Health Care, 79 (C)
BOSANQUET, Anne and **MONTEITH, Mary.** New help for new parents, 152
BOWES, J.F. The virtues of added years [pensions], 216 (C)
BREWSTER, Kingman. *Lessons learnt from student demonstrations during the Vietman War* (Quodlibet Society), 189
BRIGGS, H.P. Freshers' schooling, 391 (C)
BRITISH HEART FOUNDATION: Grant, 51, Festival of flowers, 141
BRITISH KIDNEY PATIENTS ASSOCIATION: Dialysis unit at Bracklesham Bay, West Suffolk, 187, 264 (C)
BRITISH NUTRITION FOUNDATION: Annual conference, 95
BROCK, Russell Claude: Obituary, 321
an anecdote (S.J. Wheeler), 390 (C)
memorial service, 407
memories (Edmund Robinson), 440 (C)
BROOKE, Deborah, Leap week, 56
BURFOOT, A.H. Newpin funds, 306 (C)
BURTON, J.L. *Aids to undergraduate medicine.* 3rd edition, 304 (R)

C

CALLIGRAPHY: Exhibition, 192
CALVER, G.D: Qualified M.B. B.S, 235
CAMPBELL, M.L. *Friends of Guy's Hospital*, 79 (C)
CAMPBELL, Maurice. Sherlock Holmes and Dr Watson - a medical digression, 158, 243, 289, 341, 376
CAMPION, Pete C.S. The Tunbridge Wells teams [Rugby Club history], 78 (C)
CAPLIN, M. *The Tuberculin test in clinical practice*, 303 (R)
Car parking, 319
CAREERS WEEK (Chas Newstead and Paul Cullinan), 162
CARLILE, William. Post papers party, 306 (C)
CARRUTHERS, J.H. A report on major building schemes at Guy's, 283
CARRUTHERS, Richard S. Guy's reunion in Ontario, 442 (C)
CASTLE, A.E: Passed the M.G.D.S.R.C.S, 95
CAZENOVE MEDALS, 226
CHAIR OF RHEUMATOLOGY, 188
CHANGES OF ADDRESS: 44, 89, 180, 402, 446
CHARITIES' WEEK, 93 (P), Leap week, 56, 121
Charity Ball, 95
CHARTERED SOCIETY OF PHYSIOTHERAPY: pass lists, 89, 400
CHICK, Tom: Obituary, 281
Children's playgroup (Angela Barnicoat and Chris Newson), 208
CHURCHES' COUNCIL. *Your very good health* [directory], 319
CITY MUSIC SOCIETY (Mark Powlson), 385
CLARK, T.J.H: Appointed as Area Health Authority representative on governing body of St. Thomas' Medical School, 187
CLARKE, *Sir* Cyril A: Awarded an honorary Doctorate of Science by the University of London; Awarded Emeritus Fellowship by the Trustees of the Leverhulme Trust, 274
A Guy's record? 351 (C)
CLAYTON MEMORIAL LECTURE, 367
CLINICAL PHARMACOLOGY: B.Sc. students. A week at Pfizer, 164
CLUBS UNION, 8, 55, 238, 420
bar, 185 (P), 196
constitution, 55
contraceptive machines, 93 (P), 100
East Wing, 186 (P)
elections, 4
entertainment, 229 (P)
Freshers' week, 325, 369
hops, 186 (P)
inflams, 186 (P)
Medical Student Societies Information Service, 145, 369
officers, 135
Rose (Summer) Ball, 195
senior staff posts, 49
Snowflake Ball, 420, 442 (C)
Spit, 196
Summer festival, 239, snaps, 247
union shop, 196
University of London Training School, 282
Communication of information, 47 (P)
COMMUNITY MEDICINE DEPT: Temporary *lectureship*, 317
COOK, Rob *see* **PENNEY, Oliver, COOK, Rob** and **RANKIN, James,** 7

CORLESS, D. Greenpeace in Guisewood, 60
CRICKET CLUB, 41
1st XI, 264
125th anniversary, 292
annual report, 394
call for umpires, 96
Ladies cricket, 316
Past v. Present, 142
Sussex tour, 307
United Hospitals Cup, 316, Guy's winners, 393
CRISP, Eric John: Obituary, 417
CRONSHAW, Mark
Appointed News Editor, 5
review reviled [Dental Review], 79 (C)
Snowflake balls, 442 (C)
temporary retirement as News Editor, 97
CULLINAN, Paul see **NEWSTEAD, Chas,** 162

D

DALBY, P. and **GOMEZ, J.** *Obesity and anorexia nervosa*, 260 (R)
DALY, J.R: Obituary, 237
D'ARCY, P.F. and **GRIFFIN, J.P.** *Drug-induced emergencies*, 170 (R)
DAVIES, B.M. *Community health preventive medicine and social services.* 4th edition, 257 (R)
DEATHS: 35 (C), 44, 135, 226, 269, 274, 280, 312, 358, 402, 440 (C), 446
DENMARK, Lloyd. Undergraduate neurosurgery teaching at Guy's, 129 (C)
DENNING, David W. Undergraduate neurosurgery teaching at Guy's, 129 (C)
DENTAL TRAVELLING SCHOLARSHIP, 50
Dialysis unit at Bracklesham Bay, West Suffolk, 187, 264 (C)
DIETETICS DEPARTMENT: Students accepted for practical training, 180
DIPLOCK, A.T. Biochemistry Department [Freshers' Section], 328
DISTRICT MANAGEMENT TEAM (Philip Hellliwell), 115
DR. JAMES LEIGHTON HOPKINS TRAVELLING SCHOLARSHIP, 98
DUCKWORTH, D.V: Obituary, 194
DUCKWORTH, Stephen C. Rugby referees, 216 (C)
DUFF, Keith: Obituary, 281
DURHAM, Arthur, **TRAVELLING STUDENTSHIP,** 98
DUSSEK, Julian: Appointed as Consultant Thoracic Surgeon at Guy's Hospital, The Brook Hospital and the Brighton group of hospitals, 407

E

EAST WING, 185 (P)
EASTHAM, R.D. *A Pocket guide to differential diagnosis*, 303 (R)
EDWARDS, A.C. Friends of Guy's, 215 (C)
EDWARDS, Brian: Farewell of last founder tenant, 276
ELLIS, David: Obituary, 53
ELSDON-DEW, R.W. Guy's selection, 441 (C)
EMSLIE, R.D
Appreciation, 372,
Confered Emeritus Professor, 362
Dental Federation, 3
Received Award of Merit from International dENTAL fEDERATION, 3
This is your life, 440 (C)
ENGAGEMENTS: 44, 270, 312, 446
ESCRITT, F.K. Mr Zamora [Death], 440 (C)
EVANS, Sarah. Amsterdam [three-legged charity race], 250
Ex nihilo, nihil fit, 2 (P)

F

Fagge's, Mr, take in (F. Harwood Stevenson), 351 (C)
FARMER, Jean. New periodicals room for the Wills Library, 17
Death, 274, Obituary, 324
FEDER, Gene.
Seminars on dying patients, 436
Taking an occupational history: why and how? 198, (I.C. Perry), 350 (C)
FELLOWSHIPS
Adrian Stokes Memorial Fellowship, 99
Hilda and Ronald Poulton Fellowship, 99
Sir Alfred Fripp Memorial Fellowship, 98
FENCING CLUB
v. King's College, Canterbury, 179
v. London Hospital, 179
v. Royal Free Hospital, 180
v. South London Fencing Club, 179
FISH, E.J. *Surgical nursing.* 10th edition, 125 (R)
FLEMING, P.R. *1200 MCQ's in medicine, a supplement of Macleod's clinical examination and Davidson's principles and practice of medicine*, 304 (R)
Flowers Working Party, 94 (P), 100, 229 (P), 238, 361 (P), Summary, 106, 128
FOOTBALL CLUB *see* **ASSOCIATION FOOTBALL CLUB**
FOX, Wallace: Awarded the Honorary Medal of the Czechoslovak Medical Society, 274
FRANCIS, R.C: Elected to the Fellowship of the Royal College of Obstetricians and Gynaecologists, 141, 189
FRANKS, L. Summer feat, 262 (C)
Freshers' schooling (H.P. Briggs), 391 (C)
Freshers' section, 326

Freshers' welcome, 315 (P)
FRIENDS OF GUY'S HOSPITAL, 79 (C), 140, 206, 215 (C)
Christmas stall, 366
death of Miss Daisy Mays, 35 (C)
funding for Gazette, 187
[history] (Philip J. Heliwell), 146
Summer feat, 22 (C)
FRIPP, *Sir* Alfred, **MEMORIAL FELLOWSHIP,** 98

G

GEORGE, C.F. *Topics in clinical pharmacology,* 214 (R)
GERIATRICS
Greenpeace in guisewood, 60
the myth of? (Allan Grimble), 306 (C)
GIRLING, T. Second B.D.S. party, 120
GLICK, J.D. and **HARGREAVES, W.A.** *Psychiatric treatment for the 1980's. A controlled study of short versus long hospitalisaton,* 3 (R)
GOLF CLUB
consultants match, 356
Golfing Society: membership, 40
Macdonald Cup, 280
MacLean Cup, 5, 142
Open championship, 40
Presidents match, 397
v. Sundridge Park, 443
Grant increases, 141
Gray's Anatomy [appeal for old editions] (Roger Warwick), 127 (C)
GREENWOOD THEATRE (Dave Sykes), 78 (C), 318
GREVILLE STUDENTSHIP, 98
GRIMBLE, Allan. The myth of geriatrics? 306 (C)
Guy's and St. Thomas's (T.L.T. Lewis), 57, 101
GUY'S AND ST. THOMAS'S HISTORICAL PRIZE, 97
GUY'S HOSPITAL
the Arms of Guy's Hospital, 153, 264 (C)
bicentenary photograph, 34 (C)
biosynthetic human insulin, tests, 275
Bloomfield Clinic and Learning Centre, 431
car parking, 319, 365
condition, 216 (C)
Elizabeth Newcomen housing proposals, 287
Fagge's, Mr, take in 351 (C)
Guy's crest, 264 (C)
Guy's flies [portakabin repositioning], 233
Guy's House - Chapel Wing repairs, 283
Hunt's House ward changes, 365
major building schemes, 283
mortuary and post mortem room, new site, 285
Office of Superintendent, 18
Peter Bishop metabolic ward, 3
Re-union Dinner, 95
Robens Suite, conditions of use, 278
GUY'S HOSPITAL DENTAL SCHOOL
2nd B.D.S. party, 120
dental diary, 6, 52, 142, 193, 236, 281, 320, 368, 413
Dental Dinner and Ball, 262 (C)
dental revue, 24, 79 (C)
dental travelling scholarship, 50
Medical Defence Union Essay Competition, 364
new student intake, 358
Newland Pedley travelling scholarship, 50
wake for the preliminary year, 171 (C)
GUY'S HOSPITAL DENTAL SOCIETY
Dental Dinner and Ball, 305 (C)
diary, 412
meetings, 366
October programme, 335
GUY'S HOSPITAL GAZETTE, 192
the Bell tolls for breakfast, 344
caption competition, 231, 279, 318, 351 (C), 367, 432
cover, 4, 52, 94, 140, 192, 235, 278, 320, 368
double standards, 215 (C)
interview with Professor Adams, 61
interview with Professor Warwick, 422
merry Christmas, 406
staff appointments, 5, 235, 366
subscriptions, 192
temporary retirement of News Editor, 97
GUY'S HOSPITAL MEDICAL SCHOOL
Anatomy Department vacancy, 233
Biennial Dinner, 306 (C), 379
catering, 195, correction, 239, 263 (C)
chair of rheumatology, 188
Community Medicine temporary lectureship, 317
condition, 216 (C)
East Wing, 185 (P)
fellowship, 98
Flowers working party, 94 (P), 100, 106, 128 (C), 229 (P), 361 (P)
Gordon Museum renovations, 365
grants to the Medical School, 310
Guy's and St. Thomas's, 57
Guy's Hospital bicentenary photograph, 34 (C)
Guy's men in the Home Guard, 232
Honoar Oak Park pavilion lounge extension, 366
hostel rent increases, 240
Lewisham sign-ups, 35 (C)
Life membership: card, 350 (C); subscription, 234
M.B. B.S. pass rates, 230, 273 (P)
medical diary, 6, 52, 99, 142, 193, 235, 281, 320, 368, 412
new student intake, 358
Nobel Prize in Medicine: Guy's participation, 407
nursing for medical students, 345
post papers party, 306 (C)
preliminary year wake, 171 (C), 240, 252
prizes, 96

prizewinners, 88
scholarships, 99
spit, 185 (P), 195
sticks and carrots, 34 (C), 78 (C), 129 (C)
student selection, 441 (C)
studentships, 98
surgery exam pass rates, 34 (C)
three generations at Guy's, 351 (C), 441 (C)
undergraduate neurosurgery teaching, 78 (C), 129 (C)
union with St Thomas's (J.C. Houston), 366, 421
Wills library, 17
GUY'S HOSPITAL PHYSIOTHERAPISTS ASSOCIATION: Constituted, 411
GUY'S HOSPITAL SOCIETY
1955/1956 reunion dinner, 3
59 club dinner, 3, 142
Biennial Dinner, 95
Bournmouth and Wessex, 190
Guy's reunion in Ontario (Richard S. Carruthers), 442 (C)
South Wales, 49, 111
Guy's World Champions? [Take it or leave it *general knowledge quiz*], 317

H

HAMILTON, H.A: Obituary, 195
HAMMOND, Miss Betty. L.W. Morland & Co. Ltd. [travel agents] (F.M. Sullivan), 215 (C), (Roger Warwick), 263 (C), (R.W. Adam), 351 (C)
HAMPTON, J.R. *E.C.G. made easy*. 2nd edition, 248 (R)
The Happy hooker or a child is Vaughan (residents' play reviewed by Brendan Hicks), 9 (R)
HARLEY, H.N.W. Three generations at Guy's, 441 (C)
HARRISON, Kathryn: 90,000th member of the Medical Defence Union, 96, 172 (C)
HARRISON, R.J. *Textbook of medicine*. 2nd edition, 389 (R)
Health service administration, 115
HEAP, Benjamin Martinius: Obituary, 419
HELLIWELL, Margaret, death of Miss Daisy Mayo [Mays], 35 (C), correction, 51
HELLIWELL, Philip J.
Appointed honorary member of the Danish Society of Anaesthesiology, 48
Elected an honorary member of the Association of Anaesthetists of Great Britain and Ireland, 48
Friends of Guy's Hospital, 146
has the pendulum swung too far? 146
The Office of Superintendent, 18
HERALDRY: The Arms of Guy's Hospital (T.H.E. Orde), 153, 264 (C)
HERBERT, Walter Elmes: Obituary, 413
HEROIN, the ban on, 196
HETHERINGTON, Thomas. Director of Public Prosecutions, 382
HICKS, Brendan (residents' play), 9 (R)
HILDA AND RONALD POULTON FELLOWSHIP, 99
HOCKEY CLUB
1st XI, 83
2nd XI, 82, 176, 265
Ladies Club
Season report, 176
University of London Cup, 132
University of London Union 7-a-side tournament, 395
v. Chelsea, 84
v. King's College, 178
Past v. Present, 5
South Moulton tour, 353
Torbay 1980 thirtieth annual Easter hockey festival, 222
United Hospitals Cup, 83, 175
v. B.J.C.C, 83
v. *Brunel*, 176
v. Charing Cross, 82
v. Civil Service, 176
v. Dulwich, 82
v. Gravesend VI's 176
v. King's College Hospital, 175
v. *Metropolitan Police*, 83
v. R.A.F. under 21's, 176
v. St. Mary's, 83
v. St. Thomas's Hospital, 175
v. Surbiton, 82
v. Thames Polytechnic, 82
v. Tulse Hill, 83, 176
v. Tunbridge Wells, 82
v. Unilever, 84
HOLLOWAY, N.M: Obituary, 238
HOLMES, Sherlock and Dr. Watson - a medical digression (Maurice Campbell), 158, 243, 289, 341, 376
HOOPER, Kenneth. Guy's crest, 264 (C)
HOPKINS, Dr James Leighton, **TRAVELLING SCHOLARSHIP,** 98
HOPKINS, S.J. *Principal drugs, an alphabetical guide*. 6th edition, 126 (R)
HOPTRAN, D.S. and **DAVIES, I.J.T.** *Practical hints for housemen*, 258 (R)
Horses of San Marco, 51
HOSPITAL INFORMATION, 41, 87, 134, 180, 226, 267, 310, 357, 398, 445
HOSPITAL SAVING ASSOCIATION NURSING SCHOLARSHIPS, 277
HOUSTON, J.C. Welcome to Guy's from the Deans, 326
Union with St. Thomas's, 421
HOUSTON, J.C. and **HYDE WHITE, Hilary** *Principles of medicines and medical nursing*. 5th edition, 214 (R)
HOWELL, M. and **FORD, P.** *The True story of the elephant man*, 349 (R)
HUGHES, Christopher. Treatment for one of the boys, 351 (C)
HUME KENDALL TRUST, 4, 277

I

Immortal churn, 49
IN BYGONE DAYS:
the *bell tolls for breakfast*, 344
payment for pleasure [alcoholism], 299
In memory of the unknown speaker (Nature), 343
INDIA (Oliver Penney, Rob Cook and James *Rankin*), 67
INSULIN, biosynthetic human: first tests, 275
ISSUES IN HEALTH CARE (Eustace Bore *pseud*), 79 (C)
ISSUES IN HEALTH GROUP: *meetings*, 191

J

Jazz recital, 318
JEANES, Alan. The legendary try, 34 (C)
JEFFERIES, P. (editor), *Bailliere's nurses' dictionary*, 33 (R)
JIM'LL FIX IT, 97
JOHNS, Richard.
Glueysham? [Guy's and Lewisham Hospitals merger], 441 (C)
Tooth meets tooth and ball [Dental Dinner and Ball], 305 (C)
JONES, Frances N.E. Nurse specialisataion, 171 (C)
JONES, Nick. *Oh what a lovely war*, 391 (C)
JOSEPH, J. Anatomy Department [Freshers' Section], 327
JUMA, Francis: Awarded a Merck Foundation [award], 411

K

KEEN, H. Biosynthetic human insulin tests, 275
Kellogg Foundation's preventative programme in Bermuda [tooth decay] (J.C. Wedding), 163
KENNEDY, Ian [Power and responsibility in medicine], (Reith Lectures), 405 (P)
KILBY, John V. *Tunbridge Wells teams [Rugby* Club], 128 (C)
KING-TURNER, Elizabeth A. Dental surgeons [90,000th member of the Medical Defence *Union*], 172, (C)
KITZINGER, S. *The experience of breastfeeding*, 127 (R)

L

LANCASTER, Tim. The preliminary year wake, 252
LAU, R.K: Placed third in the Association of Anaesthetists Undergraduate Essay Prize, 96
LAURENCE, D.L. and **BENNETT, P.N.** *Clinical pharmacology*, 5th edition, 389 (R)
LAWRIE, Rex: Appreciation, 143
LAWSON, F.W: Obituary, 144
LEACH, P. *Baby and child*, 258 (R)
LEATHAM, A. *An Introduction to the examination of the cardiovascular system.* 2nd edition, 126 (R)
LESSOF, M: Appointed Pro-censor of the Royal College of Physicians, 316
LEWIS, T.L.T. Guy's and St. Thomas's, 57, 101
Lewisham sign-ups (T.M.L. Price), 35 (C)
LILLY MEDICAL JOURNALISM RESEARCH AWARD, 319
LONDON HEALTH PLANNING CONSORTIUM, 93 (p), 101, summary 109
LONDON MEDICAL GROUP, 50
LONDON: University
M.B. B.S. pass rates, 230, 273 (P)
Mental Register, 180
pass lists
2nd examination in Dental Surgery, 43, 400
B.D.S, 43, 310, 358, 400, 445
B.Sc, 180
Examination in Basic Medical Sciences and Pharmacology, 312, 445
M.B. B.S, 43, 226, 269, 310
M.Phil, 135, 226
M.Sc. Human Comunication, 43, 226
Ph.D, 135, 226, 269, 310, 358, 400
Postgraduate Diploma in Dietetics, 180
Preliminary Examination for students in Medical Subjects, 312, 445
Sick Children's Register, 180
LYLE, L.G. Tooth meets tooth and ball [Dental Dinner and Ball], 305 (C)

M

McARTHUR, Justin. [Theatre Cub] *Oh what a lovely war*, 294 (R)
MACDONALD, I
Elected as President of the Nutrition Society of the UK, 187
Physiology Department [Freshers' Section], 331
McLAUCHLIN, A.E. Flowers report, 128 (C)
MABERLEY, Michael. Dental revue, 24, (M.A. Cronshaw), 79 (C)
MAILE, W.B.D.
Elected Master of the Worshipful Company of Wax Chandlers, 316, erratum, 368
three generations at Guy's, 351 (C)
MAILE, W.C.D. Erratum, 368
MARRIAGE: 135, 190, 270, 391 (C), 446
MATTHEWS, B: Appointed Professor and Head of the department of Physiology at the University of Bristol, 48
MAYO, [MAYS] Daisy, death of (Margaret Helliwell), 35 (C), correction, 51
MAYS, Daisy *see* **MAYO, Daisy**
MEDICAL DEFENCE UNION: 90,000th member,

96, 172 (C)
MEDICAL DEFENCE UNION ESSAY COMPETITION, 364
MEDICAL OFFICERS OF SCHOOLS ASSOCIATION, 51
MEDICAL STUDENT SOCIETIES INFORMATION SERVICE: 145, 369
MEDICINE: Power and responsibility (Reith Lectures, Ian Kennedy), 405 (P)
MEDICINE DEPT: junior lecturer, position vacant, 97
research meeting, 94, 191, 411
MEDISCENE: New journal of the Overseas Doctors' Associaton in the UK, 274
Memory of the unknown speaker (Nature), 343
MENTAL HEALTH FOUNDATION: appeal, 189
MILLER, F.N. *Peery and Miller's pathology. A dynamic introduction to medicine and surgery.* 3rd edition, 304 (R)
MONTEITH, Mary *see* **BOSANQUET, Anne,** 152
MOORE, Patricia: Wedding, 391 (C)
MORRIS, Peter Boyne: Obituary, 6
MORTON, William Eaden: Obituary, 417
MUSIC CLUB
Christmas concert, 29
recital, 191
MYATT, J.H.D: Obituary, 282

N

NATURE. In memory of the unknown speaker, 343
NEAL, Joy. Winged Fellowship Trust, 215 (C)
Neurosurgical ward rounds (C.E. Polkey), 78 (C)
NEW PARENT INFANT NETWORK (Anne Bosanquet and Mary Monteith), 152, (A.H. Burfoot), 306 (C)
NEWLAND PEDLEY TRAVELLING SCHOLARSHIP, 50
NEWSON, Chris *see* **BARNICOAT, Angela,** 208
NEWSTEAD, Chas. Activities of SMEC for the past year, 335
and **CULLINAN, Paul** Careers week, 162
NICHOLAS, R.M: Medical Defence Union Essay Competition, 1st prize in the dental essay, 364
NOBEL PRIZE IN MEDICINE: Guy's participation in original discovery of LHA system, 407
NOTTINGHAM MEDICAL SOCIETY: annual charity race, 250
Nunc est bibendum (V.D. Shankar), 337
NUNEZ, Mr: Awarded Association of Anaesthetists Undergraduate Essay Prize, 96
NURSES AND NURSING
Christmas on the wards, 438
diabetes mellitus, 210
Hospital Saving Association Nursing scholarship, 277
introduction of the 37½ hour working week, 386
nurse counsellor, 74
nurse specialisation, 122, 171 (C)
nurses needs, 30, 74
Nurses' League AGM postponement, 188
nursing for medical students, 345
Nursing Mirror 1980 exhibition, 274
Sir Cosmo and Lady Mabel Bonsor Scholarship, 362
stoma care, 167
terminal care support, 301
a tribute, 263 (C)
Viner, Elizabeth, awarded Royal Red Cross, 274
visitors and visiting hours, 256
West, Agnes, 350 (C)

O

OBITUARIES
Brock, Russel Claude, 321
Chick, Tom, 281
Crisp, Eric John, 417
Daly, J.R, 237
Duckworth, D.V, 194
Duff, Keith, 281
Ellis, David, 53
Farmer, Jean Mary, 324
Hamilton, H.A, 195
Heap, Benjamin Martin, 419
Herbert, Walter Eimes, 413
Holloway, N.M, 238
Lawson, F.W, 144
Morris, Peter Boyne, 6
Morton, William Eaden, 417
Myatt, J.H.D, 282
Scrivens, R.J, 7
Shore, Agnes, 371
Thurston, Gavin, 236
West, Agnes, 371
Wright, S.W, 370
OCCUPATIONAL DISEASES (Gene Feder), 198, (I.C. Perry), 350 (C)
O'FLYNN, David. *Lock* [Theatre Club], 118 (R)
OGILVIE, C. *Chamberlain's symptoms and signs in clinical medicine: an introduction to medical diagnosis.* 10th edition, 348 (R)
ORDE, T.H.E. The Arms of Guy's Hospital, 153, 264 (C)
retirement celebrations, 262 (C)

P

PAEDIATRIC TOPICS, 5
PANAYI, G.S: Awarded the Chair of Rheumatology, 274
(editor) *Essential rheumatology for nurses and therapists*, 259 (R)
PAPERS BY GUY'S MEN: 41, 134, 267, 398
PARKS, Alan: Elected as President of the Royal College of Surgeons, 316, appointed, 410

Jarrett, J., 275
Johnson, Timothy, 220, 221, 251, 252
Johnston, Richard, 220, 221
Jones, A.F., 293
Karim, Niaz, 251, 252
Keen, Harold, 275
Kent, Andrew, 119, 120
Kilby, John, 232
Knapman, W.R., 293
Lau, Richard, 166
Lawrie, Rex, 143
Legg, Jane, 36
Lewicki, Joanna, 251, 252
Lewis, C., 113
Lewis, G., 113
Lewis, Roger, 225
Lipington, D.M., 293
Loveday, Gail, 36
Macewan, Fiano, 36
Mackenzie, M.B.R., 293
Mansie, Mr, 220
Matthews, Roger, 220, 221, 251, 252
McDonald, Sarah, 294
Morgan, M.N., 293
Munro, I.A.H., 293
Naylor, T., 113
Newson, Christopher, 220, 221
Newstead, Catherine, 190
Newstead, Charles, 190
Noble, George, 251
O'Driscoll, H.M.C., 293
Orchard-Lisle, Mr, 431
Paine, Miss, 276
Parkes, *Sir* Alan, 410
Pigot, Geoffrey, 24
Powlson, Mark, 119
The Queen, 241, 243
Rankin, James, 69
Reynolds, E.P., 293
Robens, Lord, 188, 431
Roberts, Claire, 119, 120
Roberts, D., 113
Ronaldson, Jennifer, 409
Ross, D.N., 408
Scott, G.W., 293
Searle, Adam, 27
Sharp, Raymond, 225
Shaw, Jean, 295
Shering, Elizabeth, 242
Simpson, Miss, 276
Singh, Sukhpal, 252,
Smith, Steven, 220, 221
Steele, James19
Taube, David, 225
Thomas, A., 113
Thurrell, Wendy, 36
Trist, A.E., 293
Trist, F.H., 293
Tuddenham, H.M., 293
Tunnadine, D.E., 293
Vale, W.A., 54
van't Hoff, William, 166
Vaughan, Dr, 431
Ward, Simon, 221, 251
Warwick, Prof, 423
Webb, R., 113
Webber, David, 225
Whitteridge, S.M., 293
Williams, M.J., 293
Willis, M.F.H., 293
Wood, Andrew, 220, 221
Yates, A.K., 408
Young, J.F.H., 293
Zilkha, Timothy, 36, 220, 221
Physiology Department (I. Macdonald) [Freshers' Section], 331
PHYSIOTHERAPISTS AND PHYSIOTHERAPY
charity ball, 95
district therapists posts, 302
Guy's Hospital Physiotherapists Association, 411
higher and further education, 75, 211
junior England ladies cricket XI, 316
lessons on massage, 124
male students, 347
Parroy, Susan: awarded ARC grant and gained distinction in University of London Certificate of Education course, 275
Physiotherapy and Radiography Association, 256, AGM, 95, 411
professional autonomy, 387
senior therapists' teaching committment, 31
student selection, 438
undervaluation, 169
Piano recital (Wilfred Treasure), 216 (C)
Pigeon post, 139 (P)
PINI, A.P.J: Appreciation, 7
PLAYSPACE, 317
PLOWRIGHT, H.D.W: Became *Foundation* Fellow of the Australian College of Obstetricians and Gynaecologists, 274
POISONS UNIT: Course in Clinical Pharmacology and Toxicology, 141
POLKEY, C.E. Neurosurgical ward rounds, 78 (C), (Lloyd Denmark) and (David W. Denning), 129 (C)
POULTON, Hilda and Ronald, **FELLOWSHIP,** 99
Preliminary year wake (Tim Lancaster), 252
PRICE, T.M.L. Lewisham sign-ups, 35 (C)
PRIZES AND AWARDS
Association of Anaesthetists Undergraduate Essay Prize, 96
Cazenove Medals, 226
Guy's and St. Thomas's Historical Prize, 97
Lilly Medical Journalism Research Award, 319
Medical Defence Union Essay Competition, 364
Prizewinners, 88
PSYCHIATRY, child and adolescent: The Bloomfield Clinic and Learning Centre, 431
PSYCHOLOGY: Unit of as applied to Medicine (J. Weinman) [Freshers' Section], 332
PUBLIC HOUSES (V.D. Shankar), 337

Q

Questions you ask us (Wills Library staff) [Fresher's Section], 333
QUODLIBET SOCIETY
Director of Public Prosecutions (Thomas Hetherington), 382 (R)
Lessons learnt from student demonstrations during the Vietnam War (Kingman Brewster), 189

R

R.E. SUPERSTAR Dental Revue 1979 (Michael Maberly), 25 (R)
RADIOGRAPHERS AND RADIOGRAPHY: Physiotherapy and Radiography Associaton AGM, 95
RAMSAY, I. *A Synopsis of endocrinology and metabolism*. 2nd edition, 170 (R)
RANKIN, James *see* **PENNEY, Oliver, COOK, Rob** and **RANKIN, James,** 67
RAZZELL, P.H: Appreciation, 7
Qualified M.B. B.S, M.R.C.S, L.R.C.P, 235
READINGS, Peter. Mr, Miss, Mrs, or Ms? 391 (C)
REES, P.J. 125th anniversary of the Cricket Club, 292
REES, R.J.W: Awarded the Manson Medal of the Royal Society for Tropical Medicine and Hygiene, 187
REEVE, H.S: Obtained Postgraduate Dipoloma in Industrial Health (D.I.H.) of the Royal College of Physicians and Surgeons, 95
REISMAN, A. *System analysis in health care delivery*, 259 (R)
REITH LECTURES: Ian Kennedy [power and responsibility in medicine], 405 (P)
Renovations of the Chapter House, 339
RENVOIZE, J. *Web of violence*, 77 (R)
Residents' play, 9 (R), 411
REVIEWS
Altschul, Bailey and Ward. *Multiple choice questions book 3*, 259 (R)
Barker, D.J.P. and Rose G. *Epidemiology in medical practice*. 2nd edition, 125 (R)
Burton, J.L. *Aids to undergraduate medicine*. 3rd edition, 304 (R)
Chaplin, M. *The Tuberculin test in clinical practice*, 303 (R)
Dalby, P. and Gomez, J. *Obesity and anorexia nervosa*, 260 (R)
D'arcy, P.F. and Griffin, J.P. *Drug-induced emergencies*, 170 (R)
Davies, B.M. *Community health preventive medicine and social services*. 4th edition, 257 (R)
Eastham, R.D. *A Pocket guide to differential diagnosis*, 303 (R)
Fish, E.J. *Surgical nursing*. 10th edition, 125 (R)
Fleming, R.R. *1200 MCQ's in medicine, a supplement to Macleod's clinical examination and Davidson's principles and practice of medicine*, 304 (R)
George, C.F. *Topics in clinical pharmacology*, 214 (R)
Glick, J.D. and Hargreaves, W.A. *Psychiatric treatment for the 1980's. A controlled study of short versus long hospitalisation*, 33 (R)
Hampton, J.R. *The E.C.G. made easy*. 2nd edition, 248 (R)
Harrison, R.J. *Textbook of medicine*. 2nd edition, 389 (R)
Hopkins, S.J. *Principal drugs, an alphabetical guide*. 6th edition, 126 (R)
Hoptran, D.S. and Davies I.J.T. *Practical hints for housemen*, 258 (R)
Houston, J.C. and Hyde White, H. *Principles of medicine and medical nursing*. 5th edition, 214 (R)
Howell, M. and Ford P. *The True story of the elephant man*, 349 (R)
Jefferies, P. Editor. *Baillieres nurses' dictionary*, 33 (R)
Kitzinger, S. *The Experience of breastfeeding*, 127 (R)
Laurence, D.L. and Bennett, P.N. *Clinical pharmacology*. 5th edition, 389 (R)
Leach, P. *Baby and child*, 258 (R)
Leatham, A. *An Introduction to the examination of the cardiovascular system*. 2nd edition, 126 (R)
Miller, F.N. *Peery and Miller's pathology. A dynamic introduction to medicine and surgery*. 3rd edition, 304 (R)
Ogilvie, C. *Chamberlain's symptoms and signs in clinical medicine: an introduction to medicial diagnosis*. 10th editiion, 348 (R)
Panayi, G.S. (editor). *Essential rheumatology for nurses and therapists*, 259 (R)
Pegum, J.S. and Baker, H. *Dermatology*. 3rd edition, 77 (R)
Pfohl, S.J. *Predicting dangerousness. The social construction of psychiatric reality*, 33 (R)
Ramsay, I. *A Synopsis of endocrinology and metabolism*. 2nd edition, 170 (R)
Reisman, A. *Systems analysis in health care delivery*, 259 (R)
Renvoize, J. *Web of violence*, 77 (R)
Rhodes, E.L. *Dermatology for the physician*, 126 (R)
Rossignol, J.N. Le. *Encyclopaedia of materia medica and therapeutics for chiropodists*, 214 (R)
Salter, R.H. *A Synopsis of gastroenterology*, 125 (R)
Sears, W.G. and Winwood, R.S. *Materia medica for nurses*. 9th edition, 348 (R)
Simpson, K. *Forensic medicine*. 8th edition,

77 (R)
Stafford-clark, D. *Soldier without a rifle*, 388 (R)
Tarling, C. *Hoists and their use*, 258 (R)
Winefield, H.R. and Peay, M.Y. *Behavioural science in medicine*, 349 (R)
RHODES, E.L. *Dermatology for the physician*, 126 (R)
RICKARD, Basil. Dr E.W. Baxter [retirement], 262 (C)
ROBENS SUITE: Conditions of use, 278
ROBERTS, P.W: Bequest, 365
ROBINSON, A.D. Dental dinner and ball, 262 (C)
ROBINSON, Edmund. *Lord* Brock, 440 (C)
RONALDSON, Jennifer: Appeal for information [murder victim], 408
RONNIE MACKEITH WARD, 230
ROSSIGNOL, J.N. Le. *Encyclopaedia of materia medica and therapeutics for chiropodists*, 214 (R)
ROWLANDS, C.H. Surgery exam pass rates, 34 (C)
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS: Pass list; Postgraduate diploma in Industrial Health, 95
ROYAL COLLEGE OF SURGEONS OF ENGLAND: Pass lists
F.D.S, 135
L.D.S, 310
L.R.C.P, 310
M.R.C.S, 310
Membership in General Dental Surgery, 95, 141
ROYAL SOCIETY OF MEDICINE: Meeting, 5
Royal visit to Thamesmead. May 15th (Betty Shering), 240
RUGBY CLUB, 190
draw, 232
fixtures, 364
Guy's ashes, 172 (C)
immortal churn, 49
Junior Hospitals Cup, 130
legendary try, 34 (R)
national medical schools seven-a-side tournament, 140, 172
past v. present weekend, 113
referees, 216 (C)
reunion dinner and dance, 4
sports day, 354
supporters club: 200 club draw, 192, 231, wine club, 280
trip to Germany, 217
Tunbridge Wells teams [history], 78 (C), 128 (C)
v. Askeans, 396
v. Cambridge University, 397
v. Charing Cross, 130
v. Coventry, 82
v. Devonport services, 81
v. Guildford, 81
v. Nuneaton, 173
v. Old Alleynians, 130
v. Royal Holloway, 130
v. Westcombe Park, 173
v. U.S. Portsmouth, 396
RUSSELL, Herbert: Awarded the Joslin Medal of the British Diabetic Association, 232

S

SAILING CLUB, 357, Bannister sailing cup, 444
ST. THOMAS'S HOSPITAL: Capter House renovations, 339
SALTER, R.H. *A Synopsis of gastroenterology*, 125 (R)
SAVILLE, J: Jim'll fix it, 97
SCHOLARSHIPS AND STUDENTSHIPS
Arthur Durham Travelling Studentship, 98
Beaney Scholarship in Materia Medica, 98
Dental Travelling Scholarship, 50
Dr James Leighton Hopkins Travelling Scholarship, 98
Greville Studentship, 98
Hospital Saving Association Nursing Scholarships, 277
Newland Pedley Travelling Scholarship, 50
Sir Cosmo and Lady Mabel Bonsor Scholarship, 362
SCIENCE CLUB: Meetings, 367
SCRIVENS, R.J: Obituary, 7
SEARS, W.G. and **WINWOOD, R.S.** *Materia medica for nurses*. 9th edition, 348 (R)
Seminars on dying patients (Gene Feder), 436
SHANKAR, V.D. Nunc est bibendum, 337
SHEPARD, Florence and Ernest, Exhibition [407 Art Club] (D.G. Bompas), 435
SHERING, Betty. The royal visit to Thamesmead, May 15th, 240
Sherlock Holmes and Dr Watson - a medical digression (Maurice Campbell), 158, 243, 289, 341, 376
SHORE, Agnes: *Obituary*, 371
SIMPSON, K. *Forensic medicine*. 8th edition, 77 (R)
SIR ALFRED FRIPP MEMORIAL FELLOWSHIP, 98
SIR COSMO AND LADY MABEL BONSOR SCHOLARSHIP, 362
SMITH, Dorothy M. Miss Agnes West, 350 (C)
SOCIOLOGY: as applied to Medicine (D. Armstrong) [Freshers' Section], 332
SODEN, L.M. Food mix up [Medical School catering], 263 (C)
SOUTHWELL, Ben. bicentenary photograph, 34 (C)
SPEAKER, in memory of the unknown (Nature), 343
SPECTOR, R. Pharmacology Depatment [Freshers' Section], 331
Spit, 185 (P)
SPORT: 35, 80, 93 (P), 133, 172, 217, 264, 307
Blues Commitee awards, 133, 217, 393

Guy's achievements at the World Medical Games, 234
sports day, 354
SPORT PSYCHOLOGY (Maurice Yaffe), 297
SQUASH CLUB
Cumberland Cup, 86
Inter-hospitals Cup winners, 224
U.L. League, 86, 180
STAFFORD-CLARK, D.
new novel, 276
soldier without a rifle, 388 (R)
STEVENSON, F. Harwood. Mr Fagge's take-in, 351 (C)
STEWART, Keith R. [condition of the school and hospital], 216 (C)
Sticks and carrots (C.H. Rowlands), 34 (C), (C.E. Polkey), 78 (C), (Lloyd Denmark), 129 (C)
STOKES, Adrian, **MEMORIAL FELLOWSHIP,** 99
STRINGER, Mark: Awarded the Treasurer's Medal and Baldwin Prize for Medicine and the Treasurer's Medal and Tewfik Prize for Surgery, 188
STUDENT DENTAL TECHNICIANS, swimming pool staffing, 35 (C)
STUDENT MATTERS
grant increases, 141
Medical Student Societies Information Service, 145
STUDENT MEDICAL EDUCATION COMMITTEE: 378
activities for the past year, 335
careers week, 162
student representatives, 409
undergraduate neurosurgery teaching at Guy's, 129 (C)
SULLIVAN, F.M. Miss Betty Hammond - L.W. Morland & Co. Ltd. [travel agent], 215 (C)
Superintendent, Office of, (Philip J. Helliwell), 18
Surgery exam pass rates (C.H. Rowlands), 34 (C)
SURREY: University, pass list, Diploma in Biomechanics, 233
SWIMMING CLUB: ladies, 38
SWIMMING POOL STAFF: Staffing problems, 35 (C)
SYKES, Dave. The Greenwood theatre, 78 (C)

T

TAMMAR, A.R. Wake for the preliminary year, 171 (C)
TARLING, C. *Hoists and their use*, 258 (R)
TERMINAL CARE: Seminars on dying patients (Gene Feder), 436
TEWSON, David. Guy's ashes, 172 (C)
THAMESMEAD, royal visit (Betty Shering), 240
THANKSGIVING, service for the life of G. Thurston, 357
THEATRE CLUB, 50, 191, 318
A Day in the death of Joe Egg, 361 (R)
Greenwood theatre, 78 (C)
Loot, 118 (R)
Oh what a lovely war, 294 (R), 391 (C)
The Potting shed, 207 (R)
THOMPSON, R.P.G: Joined the Council of Governors, 187
Three generations at Guy's (W.B.D. Maile), 351 (C), (H.N.W. Harley), 441 (C)
THURSTON, Gavin: Obituary, 236, service of thanksgiving, 357
TILLMAN, W.G. Horses of San Marco, 51
Titles of address: Mr, Miss, Mrs, or Ms? (Peter Readings), 391 (C)
TOOTH DECAY: The Kellogg Foundation's preventative programme in Bermuda, 163
TREASURE, Wilfred. Piano recital, 216 (C)
Treasurer's Medal and Baldwin Prize for Medicine, 188
Treasurer's Medal and Tewfik Prize for Surgery, 188
TRETHOWAN, William Henry: Created Knight, 3
TRUSTS: Hume Kendall Trust, 4, 277
TULLEY, W.J. Welcome to Guy's from the Deans, 326
TURNER, D.R. Pathology Department [Freshers' Section], 329
TURNER, Fiona M: Awarded the Diploma in Biomechanics at the University of Surrey, 233
TURNER, P. and **VOLANS, G.** *The Drugs handbook.* 2nd edition, 439 (R)
TWEED, W.M.E: Elected a Fellow of the Royal College of Obstetricians and Gynaecologists in London; Became joint Foundation Fellow of the Australian College of Obstetricians and Gynaecologists, 274

U

UNIT FOR METABOLIC MEDICINE: First tests of biosynthetic human insulin, 275

V

VALE, W.A: Appreciation, 54
VINER, Elizabeth: Awarded a Royal Red Cross in the Birthday Honours List, 274

W

WANSBURY, Andrea: Captained the Junior England Ladies Cricket XI, 316
WARDILL, P.J: Elected Master of the Worshipful Company of Feltmakers, 364
WARWICK, Roger
[appeal for addresses], 127 (C)
Conferred Emeritus Professor, 362
Gray's Anatomy, 127 (C)
interview, 422
Miss Betty Hammond - L.W. Moreland & Co.

 WILLS/2/LL 11/12

Ltd. [travel agent], 263 (C)
retirement, letter of thanks, 390 (C)
WATER POLO CLUB: Tour, 443
WEDDING, J.C. The Kellogg Foundation's preventative programme in Bermuda [tooth decay], 163
WEIGHT CHANGES: seasonal variation, 412
WEINMAN, J. Psychology as applied to Medicine [Freshers' Section], 332
Welcome to Guy's from the Deans [Freshers' Section], 326
WEST, Agnes (Dorothy M. Smith), 350 (C), memorial service, 280
obituary, 371
WESTON, George. Life members' card, 350 (C)
WHEELER, S.J. Lord Brock - an anecdote, 390 (C)
WILLIAMS, C.G. MacG: *Passed the examination* for Membership in General Dental Surgery, 141
WILLIAMS, P.L: *Conferred Emeritus Professor*, 362
WILLS LIBRARY: New periodicals room (Jean Farmer), 17
WILLS LIBRARY STAFF the questions you ask *us [Freshers' Section]*, 333
WINFIELD, H.R. and **PEAY, M.Y.** *Behavioural science in medicine*, 349 (R)
WINGED FELLOWSHIP TRUST (Joy Neal), 215 (C)
WORLD MEDICAL GAMES: Guy's achievements, 234
WRIGHT, S.W: Obituary, 370

Y

YAFFE, Maurice. The mental side of sport, 297
Your very good health [directory], 319

Z

ZAMORA, Mr. [Death] (F.K. Escritt), 440 (C)

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

	Page
PASSIM	2
NEWS IN BRIEF	3
OBITUARIES	6
Peter Boyne Thomas, L.D.S.	
Mr. R. J. Scrivens	
APPRECIATION	7
A. P. J. Pini and P. J. Razzell	
CLUBS' UNION NEWS	8
THE HAPPY HOOKER, OR A CHILD IS VAUGHAN	9
by Brendan Hicks	
NEW PERIODICALS ROOM FOR THE WILLS LIBRARY	17
by Jean Farmer	
THE OFFICE OF SUPERINTENDENT (cont.)	18
by Dr. Philip J. Helliwell	
R. E. SUPERSTAR—DENTAL REVIEW 1979	24
by Michael Maberley	
GUY'S MUSIC CLUB CHRISTMAS CONCERT	29
by Mark Powlson	
NURSING	30
PHYSIOTHERAPY	31
BOOK REVIEWS	33
CORRESPONDENCE	34
SPORT	35
HOSPITAL INFORMATION	41

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Passim

"Ex nihilo, nihil fit"

Students come and go with a periodicity of about five years, and as they change so do the activities at Guy's. Thus success in sport and societies depends on continuity of effort and talent.

Present day students probably consider Rugby as the major sport at Guy's and many can recall our triumphs. Yet few will know of the day in 1974 when the Boat Club completed a marathon row from Oxford to Westminster in a world record time. The early seventies were arguably the greatest years for Guy's oarsmen: winners of the highly prestigious Boston Marathon on three occasions, Head crew in the United Hospitals' Bumping races in 1972 and 1973, a world record in 1974 and a gold medal for Paul Stuart-Bennet in the 1976 World Rowing Championships. But when these very talented oarsmen left Guy's there were few in the way of successors. In 1978 only one crew was scrambled together for the Bumping races and it never even started—a far cry from the victorious days of 1972 when eleven crews had been entered. However, amongst the new students of the past two years there are a few who have taken up rowing with great enthusiasm. Generously funded by the Finance Committee, they have spent much time and energy in regenerating the Club and it is with great pleasure that we record their first successes (see page 36).

In a similar manner the fortunes of other clubs and societies at Guy's "wax and wane". The Pupils' Physical Society (the oldest such in the world) is in danger of falling into obscurity. True, regular meetings have been held in the recent past but we see little evidence of it thriving in this decade. The Quodlibet Society, rejuvenated only three years ago by a past editor, held their A.G.M. in December. For a society whose meetings are often attended by one hundred or more students, the turnout of barely five people can only be described as disgraceful.

In contrast the Theatre Club is now enjoying a new lease of life with such productions as *Antigone*. We are also pleased to announce the formation of the "407 Art Club" which hopes to hold regular exhibitions of the work of Guy's staff and students as well as that of invited artists. This club has been well promoted by staff; it is now up to students to respond. We look forward to seeing more of the many creative talents that exist here.

There is present at Guy's a core of very dedicated individuals who have held most of the responsibility for running societies but who are now nearing the end of their student life. We expect their successors to carry on; this is particularly applicable to the new Clubs' Union Officers who, as we go to press, are in the process of being chosen. Union Presidents are continually abused and quickly forgotten but some of their officers are never even known. We wish them luck in this, an important year for the Union.

Like any club or institution Guy's must look to its new members to continue its activities. Success at the top is difficult to achieve but far

more difficult to maintain. New students must be encouraged to participate in the societies whose meetings they often attend. Likewise the First teams of tomorrow are the Freshers' teams of today. Freshers' Fair led to a deluge of enrolments but few clubs have sustained their efforts of inducement.

The eighties will be a difficult time for Guy's Hospital. We hope that in the midst of this turmoil we can continue to enjoy success in the field and in the theatre. Nothing ventured, nothing gained.

News in Brief

Guy's New Year's Honours

We wish to extend our heartiest congratulations to Professor William Henry Trethowan (Guy's 1943), Professor of Psychiatry at the University of Birmingham, upon his knighthood. Prof. Trethowan visited the hospital last year as a member of the University Grants Committee.

International Award

Our congratulations are due to Professor R. D. Emslie on the Award of Merit bestowed on him by the International Dental Federation at the 67th Annual World Congress in Paris. This award for dedication and commitment to the aims and principles of the F.D.I. is a fitting ending to Prof. Emslie's distinguished tenure of the post of Dean of Dental Studies at Guy's.

The 59 Club Dinner

The 21st Annual Dinner of the 59 Club will be held in the George Room of the George Inn, Southwark on the 1st of March, 1980. Meet at 7 p.m. for 7.30. Cheques for £11, for dinner inclusive of wines, to Dr. G. M. Preston, 25 Finsen Road, London, S.E.5, 274 0558.

1955/1956 Reunion Dinner

This is to take place in the Robens Suite in Guy's at 8 p.m. Saturday, 3rd May, 1980. Anyone of the 55/56 vintage wishing to attend should contact Dr. A. J. Membrey, The Surgery, Kingswood Road, Tunbridge Wells. Tel. Tunbridge Wells 24155.

Peter Bishop Metabolic Ward

The new metabolic ward in Guy's has been named after the late Dr. Peter Bishop at a recent ceremony attended by his widow. Dr. Bishop retired ten years ago after a lifetime's work in Guy's. (Dr. Bishop's obituary was published in the *Gazette*, Vol. 94, p. 64.)

407 Art Club

Anyone in the hospital interested in contributing to arts exhibitions to be organised by the 407 Art Club, should contact Ann Harris, extension 2363 or any of the following sponsors: Miss P. Archer, x 2468; Roy Spector, x 3651; Sidney Leibovitz, x 3382; Matteo Adinolfi, x 2380.

The Hume Kendall Trust

This Trust was established in 1969 by the Medical and Dental staff of Guy's as a permanent memorial to Patrick Hume Kendall, Director of the Department of Physical Medicine, who died at the age of 39 leaving a widow and three young sons.

The Trust, which was established by trust deeds, comprises two separate funds, viz.:

1. An Education Fund to afford financial assistance for the education of the children of doctors and/or dentists. This is a registered charity.
2. A General Fund to afford financial assistance to Guy's men who are obliged through ill health to retire before the normal retirement age and/or the dependants of Guy's men who die before attaining the normal retirement age. In view of the wider assistance which this Fund is able to offer it does not enjoy the benefits of charitable status.

The present Trustees are Mr. A. E. Orchard-Lisle (Chairman of the Trust), Dr. J. C. Houston (Dean of the Medical and Dental Schools), Professor R. D. Emslie (Dean of Dental Studies), Major-General N. C. Rogers (Clinical Superintendent of the Hospital), Professor T. J. H. Clark, Mr. F. N. Glover, Dr. K. S. MacLean and Dr. G. W. Scott.

Since its establishment, assistance amounting to approximately £11,000 has been given to five families and the Trustees are most grateful to all those who have subscribed. Offers of continuing help—either by way of deed of covenant or donation—and applications for assistance from the Trust should be addressed to Mr. D. G. Bompas, Secretary, Guy's Hospital Medical and Dental Schools, London Bridge, SE1 9RT.

Clubs' Union Elections

For the Presidency Miss D. B. M. Brooke was elected by 265 votes to Mr. M. Powlson's 181 votes.

For the post of Vice-President Mr. C. Donovan won by 242 votes to Mr. A. D. Vaughan's 200 votes.

The unsuccessful candidate for the Presidency thanks all those who voted for him, and wishes Deb and her supporters the best of luck for the forthcoming year.

Guy's Hospital Rugby Football Club

The Reunion Dinner and Dance will be held in Boland House Dining room at 7.30 p.m. for 8 p.m. on February 16th, 1980. Tickets are £4.50 per head and can be obtained from Dr. Steve Challacombe, Dept. Oral Immunology, Guy's Hospital.

The Past v. Present game will be held the following day on February 17th at Honor Oak Park. The kick-off will be at 2.30 p.m. Further information can be obtained from Dr. Challacombe at Guy's or Dr. Alastair Cook, Flat 1, 6 Pond Road, London, S.E.3 (Tel. 852 0723).

The Cover

This month's cover is taken from the 1979 Residents' Play programme.

Past v. Present Hockey Match

The annual Past v. Present hockey match will take place on Sunday, March 2nd. Bully-off: 2.45 p.m. at Honor Oak Park. Will anyone wishing to play for the Past team please contact Mike Appleby, Tel. Chesham 6407.

MacLean Cup

This year's competition for the Kenneth MacLean Scratch Cup will be held over 36 holes at Sundridge Park G.C. on Wednesday, 28th May. This will be the second year of the competition, and due to its tremendous success in 1979, it has been opened to all current medical and dental staff and students, and also to all Guy's graduates. Advance notice is given here so that postal applications can be made (please drop a line to Bob Heard, Boland House); notices will appear in due course in the Hospital for those who work here.

Gazette Staff Appointment

We welcome as News Editor Mr. Mark Cronshaw (dental student), who is in the second year of a B.Sc. course in Anatomy. Mark is a keen trombonist and has been involved with the Music Club. He has already contributed several articles to the *Gazette*, and we hope that this heralds a long and happy association.

Royal Society of Medicine

A meeting of the Clinical Section of the R.S.M. was held in the Robens Suite on Friday, 11th January. Nine cases were presented:

1. Renal transplantation following hypernephroma and amyloid *by Mr. C. J. Rudge under Mr. M. Bewick.*
2. Control of pericardial effusion in advanced breast cancer *by Dr. G. E. A. Sparrow under Dr. R. D. Rubens.*
3. Intractable vomiting and thyrotoxicosis *by Dr. P. Isaacs under Dr. G. Sladen.*
4. Kaposi's Syndrome with systemic lupus erythematosus *by Dr. D. Adu under Dr. C. Ogg.*
5. Two false aneurysms of the left buttock *by Mr. W. Owen under Mr. F. Ellis.*
6. Bilateral breast carcinoma—value of pre-operative mammography of uninvolved breast *by Mr. J. Payne under Mr. J. Hayward.*
7. Carotid body tumour *by Mr. A. James under Mr. A. Yates.*
8. Large pharyngeal pouch *by Dr. J. McArthur under Prof. I. McColl.*
9. Refractory ventricular tachycardia treated by surgical excision of the ventricular focus localised by pace-mapping *by Dr. D. B. O'Keefe under Dr. E. Sowton.*

Paediatric Topics

Paediatric Topics XI to be held on Saturday morning, 9th February, 1980, at Guy's Hospital. Details from Dr. Michael Joseph, Dept. of Paediatrics, Guy's Hospital Medical School, or telephone 01–407 7600, ext. 3342.

Dates from the Medical Diary

January

Wed. 30 Entries close for the Michael Harris Prize in Anatomy.
Entries close for the School Prize in Pharmacology.

February

Tues. 5 Entries close for the Final Conjoint Examination in March.

Fri. 8 Entries close for the Charles Forster Prize in Cardiology.

Wed. 13 Examination for the Charles Forster Prize in Cardiology begins.

Fri. 15 Entries close for the Treasurers Medal and Prize in Medicine.

Wed. 20 Examination for the Treasurers Medal and Prize in Medicine begins.
Examination for the Michael Harris Prize in Anatomy begins.

Fri. 22 Entries close for the Larkin Prize in Medicine.

Dates from the Dental Diary

January

Tues. 29 Final L.D.S. Examination, Part III begins.

February

Mon. 11 Applications close for the Final L.D.S. Examination, Part II (Dental Prosthetics).

Obituary

Peter Boyne Morris, L.D.S.

Peter Morris died after a short illness on 10th December, 1979, at Morden College, Blackheath. He was born, the son of a Pembrokeshire vicar, on 13th February, 1919, and was educated at St. John's School, Leatherhead. He came to Guy's as a medical student in 1937, but at the outbreak of the second world war he selflessly set aside his studies to enrol in the Royal Air Force. He served as an aircrew member on No. 23 Squadron flying in Blenheim Night Bombers. After the war he returned to Guy's to study dentistry, and on qualifying he was appointed House Surgeon to Professor Fenn. He entered general practice in South-East London, and in 1950 became a part-time member of the teaching staff of the Department of Prosthetic Dentistry, an association which he retained until ill health brought about his early retirement in 1979.

Peter was a loyal member of the junior staff. He was a sympathetic teacher and his warm personality made him many friends who will mourn his passing. He is survived by his wife Fay, herself an invalid, and his son Carey, a Guy's medical practitioner to whom we extend our sympathy.

D. J. N.

Mr. R. J. Scrivens

Mr. R. J. Scrivens of 59, Goddington Lane, Orpington, who was a technician in the Dental Hospital and School from December, 1947 until September, 1972, died on the 7th January, 1980, at the age of 72, after a short illness. Mr. Scrivens worked in the Orthodontic Laboratory of the Dental Hospital and School and will be remembered by many dental graduates. He leaves a widow, one married daughter and one son who qualified at University College Hospital Dental School.

W. J. T.

Appreciation

Mr. A. P. J. Pini, B.Sc. (Hons.), B.D.S. (Hons.) and Mr. P. J. Razzell, B.Sc. (Hons.)

The *Gazette* lost last month two of the ablest and most innovative Editors in its history, with the retirement of Adrian Pini and Philip Razzell.

Adrian Pini came to Guy's as a dental student in 1973, and first joined the staff of the *Gazette* as News Editor in November, 1976, after having taken a two-year intercalated B.Sc. in Physiology. He ascended to the Editorship in April, 1978. His contribution to the *Gazette* over the years was outstanding—not only because of his abundance of good ideas, but also because of his ability to produce concise and intelligent English from the most incomprehensible submission, and also for his enviable ability to produce himself some suitably deathless prose (as for a *Passim*) at remarkably short notice. He graduated in December, with Honours in Dental Surgery, and we wish him well in his new career. With luck we shall continue to see him down at H.Q.

Philip Razzell came to Guy's as a 1st M.B. medical student in the same year, 1973, and was appointed News Editor to the *Gazette* in September, 1977, having taken a B.Sc. in Pathology. He became Assistant Editor in April, 1978, and joint Editor, with Adrian, in March, 1979. During the 1978–9 academic year he was also Chairman of S.M.E.C., and was closely involved with both the Quodlibet Society and the Pupils' Physical Society. He has also been an outstanding asset to the *Gazette*, having access to many sources of information, and the ability to write clearly, concisely (and fearlessly!) on almost any topic. He couples this with a fund of new ideas, and the perseverance to see things through on time. Philip has retired so as to prepare for his Finals this year, for which we wish him luck—although with these qualities he should have no difficulties in defeating the examiners.

Our best wishes for the future to both Ade and Phil—and the sincere hope that we can maintain their high standards.

M.P., W. H.

Clubs' Union News

The best way to start my last Clubs' Union News article is to wish the new President, Deb Brooke and the new Vice-President, Chris Donovan my very best wishes for the coming year. The poll which has just closed as I write this was very encouraging with a turnout of about 450 voters. It is very pleasing to see such interest shown in the Union's affairs. My commiserations go to Mark Powlson and Tony Vaughan who were the runners-up to the offices of President and Vice-President respectively. All four individuals have given excellent service to the student body and I hope that the last two mentioned will not take offence at their narrow defeats and will continue their work for the public good.

All Presidents find their year in office to be not quite what they expected although Deb has a good pedigree in that she has been on the Clubs' Union Council for the past year as the Junior Secretary. As indeed have all the four who contested the posts; it is due to their support coupled with the very enthusiastic team spirit of the rest of last year's council that has made my past year so enjoyable.

In the near future all the new council members will appeal to you at the polling booths. I hope that the next year's committee is as unified and cohesive as the last one.

In the past few weeks the bar in Boland House has not been running as smoothly as it usually does and this has been because our Bar Steward, Les Day has been taken ill. I am sure we all wish him a speedy recovery. Because of the cutbacks in public spending for the past few months the porter cover at Boland House has been very poor. With fewer men working the porters are moved over to serve the patients. In the near future the school is to take over the whole of the arrangements for manning the desk and I believe the new arrangements will prove much better than the present haphazard system.

The Annual General Meeting will be held on February 7th and it is there that I will be deposed. The constitutional changes about which I have written at such length will be considered as will various other items of more or less interest. Because these constitutional changes are so important it is very important that you read and digest the literature that is displayed in Boland House. But what is much the more important is that a good turnout of informed people are there to consider (and I hope pass) what it is we propose to pass on to the Union at the beginning of the new decade.

Chas Newstead.

The Happy Hooker Or A Child Is Vaughan

Guy's Hospital Residents' Play 1979
Reviewed by Brendan Hicks

The setting could not have been more nostalgic—again the benches of the Physiology Theatre—Michael Lavelle and Peter Inwood in the orchestra pit (rather literally a "pit" in this theatre)—the show running late even before the start—and within this setting the residents sustaining the highest traditions of The Play. The first marvellous scene, a green and fuming adaptation of the Witches' Scene from Macbeth, was thus sublimely irrelevant to the main plot (in so far as that can ever be discerned in a Residents' Play) but so what. The evil glee of Messrs. Ayres, Humphries and Johns as they incanted spells and invoked the magic necessary for all that followed was a splendid opener. We were then transported to J. M. Barrie's world of Wendy and The Boys, Peter Pan, Tinkerbell and the Never Never Land. The moment that Wendy appeared, Camilla Haw reminding one of a rather gorgeous poodle with her shortie nightie, hair in bunches, and winning ways, enchanting not only us but the naughty physician-like Boys, Bob Spright (Andre Tylee) and John Flounce (Dick Sheridan) it was clear that this Wendy was not going to be in the nursery for much longer. And her favourite tipple was clearly *not* drinking chocolate. . . .

WENDY'S LULLABY

There's an island far away
Where the little boys play
Where the sandy beach rolls to the sea.
With games in the sun
Why everyone has fun
With ice-cream and cakes for your tea.

You may think that champagne with ice
Is nice,
Or Bourbon on the rocks may be your liquor.
That's for the old ones
'Cos the young ones and bold ones
Think that Coconut in Vermouth
Tastes more slicker.

On this beach in a crystal ocean
The kids are finding that their potion
Is Coconut 'n Vermouth
Shaken twice Coconut 'n Vermouth
Mmm that's nice.

The bars are open night and day,
The prowlin' cars cruise in the bay,
If you should catch a kat
Ask him where it's at
He'll say
Coconut 'n Vermouth
Shaken twice.
Coconut 'n Vermouth
Mmm that's nice.

There's an island far away
Where the boys play play play play
Where there aren't any girls
So the boys with the curls
Do just what the big boys say
Saying
Coconut 'n Vermouth
Shaken twice.
Coconut 'n Vermouth
Mmm that's nice.

During all this, Bob Spright munched his apple, Flounce sorted and unsorted his clothing, and much good stage business was enjoyed. Then a loud explosion, as Peter Pan burst in with much glee and a myriad of painful puns on pan. For example, he had lost his shadow because he is, *of course, a "non-stick" pan, and there are no prizes for guessing* by which airline he arrived! But the plot unfolds. Pan, a breathless but naturally humorous John Twomey, has heard that the Little Lost Boys are to be poisoned, so that they will actually *grow up*. He begs for help, and by the next scene we are all transported to Never Never Land. We now meet Tinkerbell, a rather heavy pantomime fairy, apparently a child psychiatrist, played with wicked charm by William Sudell. With floppy wand and sundry other props, Tinkerbell tells the others with dismay how the Little Lost Boys are actually—oh, shame—"developing". But enough of plot, the newly elevated Tinkerbell was disturbed during a call to his Maggie, and now feels compelled to burst, or at least lumber, into song:

HOUSE-TRAINED

I'm Tinkerbell
And I'm doing very well
In Child Psychiatry.
But all's not honey,
So to earn more money
I became a Conservative M.P.

Chorus:

I'm awfully nice you know.
Now off to school you go.
I've healed your mind and now you'll find,
I'm awfully nice to know.

Now Sue may be hysteric,
Truant or encopretic,
But they're just the same to me.
I greet them with urbanity,
And a smile of insanity,
Because I'm somewhat pompous, don't you see?

But I was never meant to be
Just a children's shrink.
Maggie's been a help to me
In Politics, don't you think?
For my flashing smile
Is evident while
St. Olave's starts to sink.

As I drive to The House
I'm as quiet as a mouse,
With my mind so deep in thought.
Concerning the autistics
I've got piles of damned statistics
But no problem—for I'm the smiling sort.

Herr Voyeur-Shepherd. *(K.L.)*

Flounce asks why the name Never Never Land? The answer comes, preceded by a very familiar "Hello, boys . . ." as George Ott strides in, bag and brolly in hand. Mike Gill carried this and all his other entrances off with great panache, and his was a delightful model of the original, obviously studied and worked on with enormous care. The mannerisms, inflections and voice tones were meticulously accurate, and when the funny lines were there, they were highly effective. Ott, a cardiac doctor Mike Tyke and the gynaecologist Jim Voyeur-Shepherd point out to Flounce that this was where "things never get done . . . results never get back . . . decisions are never made . . . and people are never, never satisfied". On this cue of absent satisfaction and several threats to Wendy's purity, enters that well known psychologist, Doris Daffe (Andrew Johns). He/she and Voyeur-Shepherd have very different ideas on fulfilment, Voyeur-Shepherd declaiming—in tights, corset and Aryan trench coat—the extreme *right*ness of:

> Flagellation, mutilation, silver lurex underwear,
> Fur lined jock straps, patent leather,
> And the feel of rubber wear.
> Necrophilia, scoptophilia,
> Hydrogen peroxide hair,
> Stimulation by vibration, all these things are
> WUNDERBAR!

Jon Beard, his legs a revelation, played this to the full, deserving his Wagnerian reception. All the Boys agree that action is needed to identify and counteract the poison, and it is clear that the only poisons man worth his salt is Roy Balding, landlord of the Bella Donna, and it is now to him they turn.

At this point we are taken to the Pirate Ship. The transplanting surgeon-pirate, Captain "Mick the Knife" Hook (and his faithful stuffed parrot, Polly Uria) sings aboard the M.S.U. Jolly Roger, his very own song . . .

THE HAPPY HOOKER

I'm the pirate of the motorways
From Brighton to Maidstone.
And if you don't believe me
You can read it in The Sun.

Chorus:
Oh! I want your kidneys—
Don't burn or bury 'em—
Gimme gimme your kidneys—
Don't burn or bury 'em—
Oh these groovy kidneys
Sign the red card today.

When you go out for your booze-ups
Driving home late at nights,
Be a good natured citizen
Drive without your brakes and lights!

If you're at the top of a building
And you've just had enough
Please sign our little red document
Before you throw yourself off!

If a body's torn asunder
You daren't risk my displeasure
Don't undertake to put him under
We need unburied treasure.

If Medicine's your hang-up
Or pathology your thing;
Don't confuse me with those half-wits
For I'm the transplant king!

Andrew Harris gave us a pirate captain of enormous gusto and theatrical sense. It was perhaps a slight waste of a character imitation potentially rich in style and mannerism, but this Captain Hook did cough, splutter, cajole and roar life into every one of his scenes. Only renal Smogg could hold his own here. Roger Atkins faced the considerable challenge of trying to out-act the original Smogg, a nigh-impossible task (eh? eh?) but his energetic and uninhibited reflection was marvellous *fun. Twitching and joking across the deck, he led the valiant crew . . .* There was Coldstart (a most convincing appearance from Mike Heber as the ship's gynaecologist), Florence ("old Sawbones", played by John Gibson) and Robert Strain (played by Peter Openshaw, complaining about the light), not forgetting Sarah Pearson as Cabin Boy. Hook revealed his discovery of a new wonder immunosuppressant, *"Lympho-smash"*, the launch occurring with simultaneous screen and stereo special effects that would not have shamed the most unethical of pharmaceutical companies. We learned that it was this that had been slipped into the drinking water of the Little Lost Boys. The poison is thus revealed to be a new drug side effect.

(A.E.)

Captain "Mick the Knife" Hook and Polly Uria with Mike Lavelle on the ivories.

We are back now at Roy Balding's bar, with much repartee, and Balding (a very capable Nigel Jones) brings us up to date on toxicology with his song, "What's Your Poison."

Alas! Tragedy! Smogg rushes in to announce that Balding, who has been "under the weather" recently, is in renal failure. He is going to need a transplant as a matter of urgency. Only Hook has the skill to carry this out. (At this stage, exhausted by the physical demands of the action and the intricacies of the plot, Pan, the cast and the audience collapsed towards their respective refreshments. Gluttons for punishment, all returned for Act 2 and denouement.)

Naturally, Act 2 of this J. M. Barrie play opened with a French Can-Can. In wonderful vindication of the Guy's selection process from VI Form onwards, this chorus line of ladies from amongst the house staff revealed many amazing talents. Compelled by curtain calls from a wild audience, they danced on and on, smiling grittily in the face of angina, dyspnoea and pulled muscles. They were superb. On the pirate ship,

Florence reveals to Captain Hook that his new wonder drug *"Lymphosmash"* is ageing the Little Lost Boys, which does not worry Florence at all as he dreams of a Domicilary Arthrodesis Service. Smogg brings the even more rivetting news that Roy Balding needs a transplant. Hook sees at once, and the audience gradually, that to save Balding could be the end of *"Lymphosmash"* as only Balding could identify the source of the side effect, etc., etc. However, Hook has never turned down a transplant yet, and finally cannot resist the temptation. A donor is needed. Meanwhile, an ecstatic Smogg sings, and most pleasantly too . . .

DEVILLED KIDNEYS

We often have this problem,
When kidneys start to leak,
And the patient's haemoglobin drops to six.
We put them on dialysis,
And flush them thrice a week,
Until a transplant saves them from this fix.

Chorus:
Oh to find the proper tissue match
To make the perfect donor.
There must be one that we can catch
That Roy can call his own-a.
He does not need an overhaul,
With organs made bionic,
Provided that his renal tract
Can cope with Gin and Tonic.

Now pyelonephritis,
Or immune complex disease,
Can leave your kidney battered and in tatters.
We would have thought it logical,
In conditions such as these,
To tissue type your family—that's what matters!

Once we've popped a kidney in you,
And you're peeing like a drain,
At once, the damn thing starts to be rejected.
So we shovel in the steroids,
Till the urine flows again,
Well, at least until the thing becomes infected.

Poor Balding, reduced to an all gin diet, but attended by George Ott, John Flounce and Mike Tyke, is failing fast while a donor is sought.

As the chat continues, the failing Balding recalls how he generally looks at legs when he interviews, and so observes that Wendy's legs remind him of his cousin Gertrude's . . . But isn't that strange? Wendy has an Auntie Gertrude—yes, she and Roy are related—a donor has been found! So the long awaited operation scene arrives, with even the stuffed parrot scrubbed and masked. To much musicological allegory, the blood, gore, gin and tonic, gases and kidneys are flung around, till the gentle trickle of fluid indicates successful kidney transplantation. Hook takes his accustomed accolades from the gentlemen of the press, with much posing and popping of flash bulbs, while his fans hurl flowers at his feet, before he slips an injection of *"Lymphosmash"* into Balding. Is there no limit to his cunning, one asks oneself? Balding's ageing is noticed, even by those who know him, but the attention of Sprite, Flounce, Tyke and Ott is now focused on Captain Hook's cough and his abominable chest X-ray. The situation strikes a spark of memory in Ott and Sprite, who reminisce in their song . . .

THE THURSDAY MEETING

It's like the Thursday meeting,
With the boys all gathered round—
It's an apple that Bob's eating,
Though of course I make no sound
Now George'll try to trick you
As you're picked out from the crowd
As I put up a picture
Of my favourite old McLeod.

Refrain:
It's not Histo or Actino
Or any dust that I know
Though it could be Torulosis or the Plague.
But should a fever spike though
I'd give a touch of cyclo
Unless of course it's something rather vague.

This testing sort of problem
Is the sort that I adore.
At St. Nick's I would have had them
But I go down there no more.
Now I get my tricky cases
When the Guernsey plane flies in
Though the boys may make long faces
They don't get the Tax Free Gin.

In my younger days at Guy's,
Before I joined The Dean,
I scored a lot of trys
Playing for the First Fifteen,
But what I'm trying to say
Is that he looks just as fit.
If it seems the only way
Can't we take a little bit?

For such a nag at Newton,
Where I'm Doctor on the course,
I would recommend they shoot'n
It's a shame he's not a horse.
I once had a sickly hoggett
Whose film looked just the same.
I would have tried to flog it,
But I've always played the game.

It's these fluffy shadows here
Where the apex looks shot through,
That look really rather queer
And provide the major clue.
So to cut out all the fuss
We will tell you this for free
The X-ray that you show us
Is diagnostic of TB.

On realising the threat that an infected Hook could pose to all the Lymphosmashed Boys and Balding, our astute heroes now strike out for the pirate ship. "The water will run red," says Pan. Adds Ott, "That's the Rifampicin, boys."

This gripping tale resolves in a Court of Law. The accused are named as Captain "Mick the Knife" Hook, Chisholm "Grunter" Smogg, Mike "Sledgehammer' 'Florence, Robert "We're in real trouble now" Strain, and Tim "Goldfinger" Coldstart. The charges are numerous but might be summarised as: the maintenance of the aforementioned Plot.

The Court rises. *(A.E.)*

Florence lands himself an additional charge: that he did defame the good names of those geriatric Doctors, Careless and Clueless. Roy Balding turns out to be a veritable hanging judge, but time is eked out by a plea for a defence, prosecution and music, in the form of "A Golden Oldie."

Most of the defendants squirm out of all their charges, but poor Captain Hook receives the maximum sentence of treatment with at least three drugs and temporary banishment from operating. Florence narrowly escapes being thrown to the Crocodile, there being a world shortage of crocodiles, but—horror of horrors—is to be thrown instead to a character returning by popular demand and to a tumultuous reception—the infamous Man-Eating Plant of last year's Play. So we are led into a full blooded final chorus to the tune of the pop record "YMCA" "Guy's A.H.A."

At the end of all this, a familiar feeling of mild exhilaration left no doubt that the Residents' Play had once more reached its target. It was a totally enjoyable experience, and one must congratulate the writing, directing and producing team of Jon Ayres, Adrian Heagerty, Michael Humphries, Andrew Johns and Sarah Pearson on their splendid achievement. The stage business was well handled, the Play was well lit, the special effects were ingenious, and the sets were adequate and changed with admirable slickness. (The less said about the make-up the better—next year's Residents please note.) Mike Lavelle's musicianship is beyond question, and Guy's is fortunate to have Mike and his colleagues

The Man Eating Plant. *(A.E.)*

providing a first class "orchestra" to the Plays. To be honest, though, I did not think that this was Lavelle's best score. Of course, there were many other people involved in the production, behind and front of stage, such as people working on the costumes, props, organisation and box office, and even those who covered for their colleagues while they rehearsed and appeared. I am sure I speak for all those who enjoyed this year's Play when I thank all of them for a fine evening's entertainment.

(Photos: Alun Evans and Keith Lloyd)

New Periodicals Room For The Wills Library

by Jean Farmer, Wills Librarian

Over many years the basement room below the Wills Library has been proposed as an extension of the library. The building work to adapt

this area for library use and the transfer of the male students' lockers to the Newcomen Street extension building were tackled in earnest during the summer vacation. By 12th November the majority of the Wills Library's periodicals collection was transferred to what is now its *Periodicals Room*. This occupies some 190 square metres and contains 610 linear metres of shelving, sufficient to allow for five years' growth and for the transfer of selected journals from departmental collections. Reading places for those wishing to consult the periodicals are provided at two-seater reading desks and pull-out reference plates in the bays. In addition, there are easy chairs in the current periodicals display area. It is hoped that facilities for photocopying library materials will be available soon.

The main collection of bound periodicals is arranged alphabetically by title, while the current unbound issues are displayed, again in alphabetical order of title, at the north end of the room. Fifteen of the most heavily used periodicals, mainly weeklies such as the *Lancet, British Medical Journal* and *New Scientist*, have been kept up in the Wills Library so that their readers do not need to go as far as the basement to consult them and so that there is some shelf capacity left for expansion.

The extra space brings benefits not only to the readers of periodicals. On the ground floor of the Wills Library there is room now to extend the book collection; the top shelves of the bookcases can sometimes be left empty so there is less disturbance from ladders being dragged about; the reference collection has been rearranged in a more accessible place, and the theses shelved on open access. The library hopes that later it may be able to have an enquiry desk opposite the circulation desk so that a member of the senior staff can be on hand to help readers use these resources effectively.

The Office Of Superintendent (continued)

by Dr. Philip J. Helliwell

This is the second part of an article based on an address given by the writer at the 543rd meeting of the United Borough Hospitals Club.

James Steele served the Hospital faithfully for almost 40 years. He appears to have been well liked, but although his diaries tell us a great deal about the Hospital there is hardly any mention of him as a man. Wilks and Bellamy ignore him completely but this may well be because of the part he played in the Great Nursing Dispute. He did a great deal to improve the standard of the nurses and nursing. He lectured to them extensively, introduced a common uniform, employed cleaning women to relieve them of the laborious scrubbing of the wards. In order to counteract the prevalent theft of patients' food by the nursing staff (who at the time fed themselves), he suggested that they should be boarded by the hospital. To support his proposal, he costed the nursing service of every other teaching hospital in London and found that—"with the single exception of St. Thomas', the average amount spent is everywhere higher than at Guy's."

He was a staunch supporter of Miss Burt, appointed matron in 1879, when with the permission of the Governors she wished to introduce a properly organised nursing service. The medical staff objected strongly to this alteration in the nursing arrangements and this led to what became known as the Great Nursing Dispute. The Dispute is, of course, too big a topic to describe here. I mention it simply to record that for the second time in his career, Dr. Steele found himself at odds with a distinguished member of the Guy's staff, and member of the United Hospitals Club, Dr. Philip Pye-Smith, a Fellow of the Royal Society and Vice-Chancellor of the University of London.

When Steele came to Guy's, heavy drinking by the medical staff and students was the rule rather than the exception. It was the Superintendent's duty to report disturbances to the Treasurer and on one occasion, following a House Surgeon's leaving party, Pye-Smith was one of a number of offenders reported for hunting stray cats through the hospital grounds and not leaving the hospital until 3.30 a.m. In the Great Nursing Dispute, Pye-Smith was one of the leading spokesmen for the consultant staff when Steele strongly supported the policy of Miss Burt and the Governors.

Dr. James Steele

There was a curious arrangement in relation to the students in the Medical School at this time. The College of Surgeons complained about the multiplicity of signatures on certificates of attendance of students and asked for a single signature to be substituted. Mr. Stocker, the Apothecary, was asked to do this because he was the most regular attendant at meetings of the School. Even more curious, was that when Dr. Taylor was appointed the first Dean in 1874, he was provided with a small room leading off the Dispensary, with a notice 'Medical School Office' on its door.

When Steele was first appointed there was a certain amount of resistance from the Medical Staff. On his death in 1893, the Governors decided that his successor should be a member of the clinical staff of the Hospital who was known to be acceptable to the majority of them, and who had shown an interest in administration. In doing so they created a pattern which was followed until the dissolution of the Board of Governors in 1974. Dr. Cooper Perry was invited by the President of the Court to take up the office and to everyone's surprise accepted what was then regarded as a somewhat subordinate post and moved into the Superintendent's House.

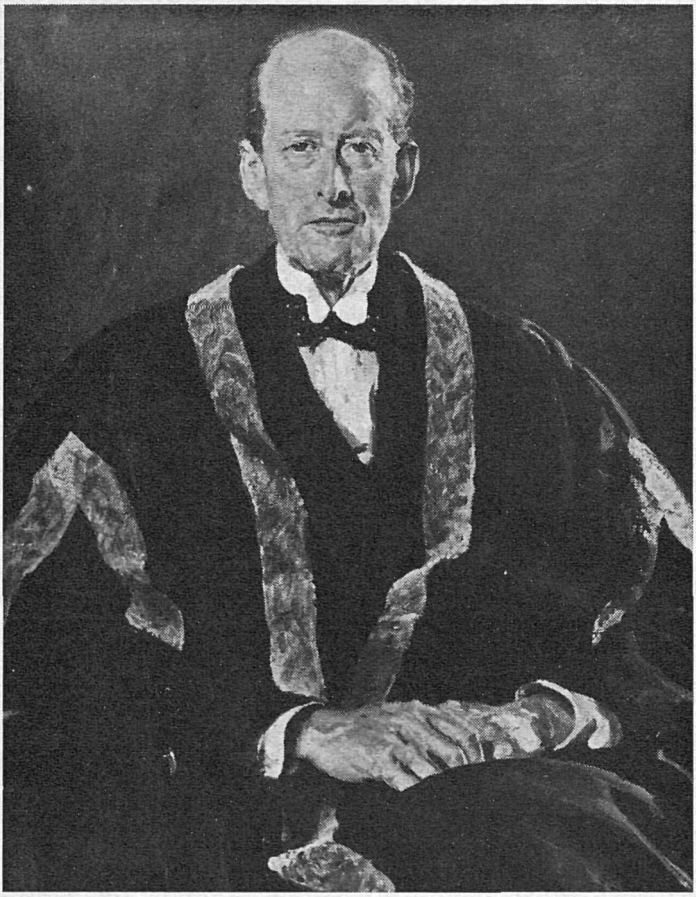
Cooper Perry already had a distinguished career behind him; Head of the School at Eton, a first in Classics at Cambridge, he was made a Fellow of King's. Originally destined for the Church, he changed his mind and became a medical student at the London. An unexpected vacancy on the staff at Guy's, with no obvious local successor, saw him appointed assistant Physician in 1887 where he developed a particular interest in diseases of the skin. In 1888, he succeeded Dr. Taylor as Dean of the Medical School and in 1890 became the Warden of the new College.

Cooper Perry was a big shy ungainly man, untidy in his dress but possessing a particularly charming manner with which he captivated his patients.

He immediately set about re-organising the administrative structure of the hospital. The Old Court of Committees ceased to concern itself with day to day matters and a House Committee, more representative of the professional staff of the hospital, was set up. The Medical Staff and School Committees came into existence to give the professional staff a much wider say in the conduct of the affairs of the hospital and school.

He was frequently called upon to help outside the hospital and with his colleague, Fripp, re-organised the medical and nursing services of the Army and set up the training college at Millbank. For his services, he was made a K.C.V.O. in 1903. In 1907, on the recommendation of the Royal College of Physicians, he went out to Egypt and re-organised the Faculty of Medicine in the University of Cairo. On his retirement in 1920, he became Principal Officer and later Vice-Chancellor of the University of London.

His successor, Herbert Lightfoot Eason could not have been more different in appearance. Tall, slim and dapper, confident in manner with a dangerously witty tongue, he was the first person who had been a student at Guy's to be appointed Superintendent. I was recently fortunate enough to obtain a copy of an article written by Eason in 1948 at the age of 74 entitled "Something of Myself". Many of the comments he



Sir Herbert Lightfoot Eason (from the portrait by T. C. Dugdale, A.R.A.)

makes are worth recording: as a child of 9, he developed measles followed by pneumonia, and a very distinguished Guy's physician called in to see him declared that he could not possibly live. Years later as the physician's House Officer Eason remarked "I was able to demonstrate to him the danger of dogmatic prophecy in medicine."

As a result of this illness, he was educated at a small local private school which led him to make the comment "in my experience, not to have been at a public school, Oxford or Cambridge, is a handicap of about ten to fifteen years in public life".

He was a clerk of Frederick Taylor, the Dean, who taught him the importance of precise language. Taylor used to say "I have, at home, a cherry coloured cat with rose coloured feet. This is a black cat with white feet, there are black cherries and white roses, but the words give you quite a wrong impression."

Eason came to Perry's notice when the former was working in the Eye Department with a view to taking up Ophthalmology as a career.

Perry encouraged him in this as he felt he could combine it with administration. "You can go to Harley Street and spend your life in your consulting room and make a great deal of money; or you can take up administrative work, in which you will learn all sorts of interesting things, meet many interesting people and have a full mental life, but you won't make much money". Sentiments, I might say, which I found applied to the letter some sixty years later.

Eason was appointed Dean in 1903 whilst still only a clinical assistant in the Eye Department and was not appointed Assistant Ophthalmology Surgeon until two years later. As Dean, he worked closely with Perry and reading his comments I was reminded irresistibly of my predecessor, John Blaikley. "He was a hard and critical master in the matter of reports and memoranda. I learned that if I could draft a document that would escape his criticism, it would, as regards its form pass anyone else."

It is extraordinary how closely the pattern of Eason's life follows that of Perry. He had already followed him as Warden and Dean. In 1915, he was invited by the War Office to go to Egypt as Consulting Ophthalmic Surgeon to the Middle East. When he returned home in 1919, he described his experience as making him resolve thus "nothing on earth would make me join a salaried government service". He was saved from it because, in that year, Perry resigned to become Principal Officer of the University of London and Eason was invited to become Superintendent, which he describes as "Seventeen years of interesting administrative work in which one had the opportunity of learning much of the many trades and occupations in a big hospital".

In due course, like Perry he became Vice-Chancellor of London University and in 1939 President of the General Medical Council, a body for which he had the utmost respect describing it as "a body of men who are quite dis-interested in their collective capacity and whose sole aim is the protection of the public and the standard of the medical profession both in education and conduct".

Sir Herbert Eason was succeeded in 1937 as Superintendent by another Dean, Professor T. B. Johnston, the anatomist. To him fell the difficult task of guiding the hospital through the war years with the added responsibility for the Guy's Sector of the Emergency Medical Service. Johnston was an import to Guy's from Edinburgh University. A bachelor who through his friendship with Lord Nuffield was largely responsible for bringing major benefactions to the hospital.

Many readers will remember that wonderful extrovert, W. D. "George" Doherty, who became Superintendent after the War. Captain of Ireland and of the most famous Guy's rugby football team of all time, which consisted of himself and 14 South Africans. As an administrator, he used to say that he never considered a problem until three days had elapsed because by then it had almost certainly solved itself. He was an able and popular man who guided the hospital tactfully and successfully into the National Health Service.

I should like to pay a special tribute to my predecessor, John Blaikley, a member of the United Hospitals Club and a very good friend of mine for many years. It was not for nothing that he was nicknamed 'Honest John'. A man of complete integrity, he had the difficult task of welding a compromise between an administrative pattern with 100 years of tra-

dition behind it and the new professional administration of a government service.

John Blaikley spent more than fifty years of his life living literally in or around Guy's Hospital. A descendant of Faraday he came to Guy's as a student, was appointed resident and then registrar in Obstetrics. As his family grew up he lived in the house in St. Thomas' Street traditionally occupied by the junior consultant in Obstetrics. This had its disadvantages as described by his wife Vivien who recalls clearly watching the rats run along the pipes of the bathroom whilst she, heavily pregnant, was taking her bath. He was appointed Superintendent in 1958 and then lived in the house in the West Wing next door to the Chapel.

Blaikley was an outstanding clinician, particularly in the field of malignant gynaecological disease, where he enjoyed an international reputation. He was honoured as such both in this country when he was appointed C.B.E., and in America. He was the first Director of the Department of Obstetrics at Guy's and a Vice-President of the Royal College of Obstetricians. He was also for many years President of the United Hospitals' Football Club.

Only his very special sense of duty persuaded him to accept the invitation from the Board of Governors to accept the office of Superintendent. He had a heavy clinical committment at Guy's, particularly amongst the wives of his colleagues, a sure sign of their respect, as well as at other hospitals. His health was none too robust and he was not a natural administrator, but his unquestioned integrity and the conscientious way he approached every task won the respect of the Members of the Board, to which he was eventually appointed, and of his colleagues.

When John Blaikley became Superintendent his administrative responsibilities included many aspects which in a more conventional hospital administration had long since been taken over by laymen. The appointment of Mr. A. H. Burfoot as Clerk to the Board of Governors created a situation which encouraged a rationalisation of those duties. The Board of Governors eventually decided to commission a professional firm to examine the administrative arrangements and to recommend a more conventional system.

Before this could be effected John Blaikley unfortunately had to retire on health grounds and for a year R. J. "Bobby" Cann who had just retired from the clinical staff, took over in a caretaker capacity.

My appointment started in January 1967 and to say that I was honoured to become Superintendent is a vast understatement. The holder of the post wielded enormous influences on the life and future of the hospital. The method of appointment ensured that you started off with the support and goodwill of at least your more senior colleagues on the one hand and the Board of Governors on the other. You had the satisfaction of knowing that you were part of an administration which had the power to guide its own destiny and to work in a team with Miss Titley as Matron, Mr. Burfoot as Clerk and Mr. Warburton as Finance Officer is a privilege few can have enjoyed.

It is a far cry from the totalitarianism of "King" Harrison to the management of consensus agreement of today. Has the pendulum swung too far? I wonder.

R. E. Superstar Dental Revue 1979

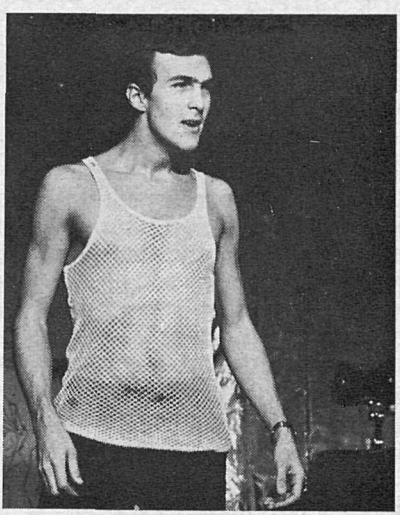
by Michael Maberley

Like Christmas puddings and panto, the Dental Revue has traditional ingredients and familiar characters. Although the cooks and cast may change, satisfying the flavour of the year or cavilling the villains of the moment, the taste of this helping was almost impeccable and certainly lacked nothing by comparison with previous offerings.

With a title like "R. E. SUPERSTAR" and the perennial Chaplinesque figure dressed in khaki, we had a formula for a performance of "JACK AND THE DEAN'S TALK" but from the programme, and the subtitle "Tinker, Tailor, Sailor N-yl-r", it was obvious that a crack from the quip was going to fall on many backs, each readily identified by name, rank and number. None of your cryptic anagrams to leave you in doubt about who's being got at in this year's skit. After all, we are meant to welcome the gift to see ourselves as others see us, aren't we?

The evening began with a sort of ITV News at Ten format, after Paddy the Studio Manager from Medical Photography had shown the Newscasters (Adam Searle and Jayne Owen) how to operate the "very delicate controls" which turned out to be only the lightswitches on the wall. The opening gambit also included an oblique apology for having to perform in Boland House because the Greenwood Theatre was so cluttered by the Beeb for Michael Parkinson's chat shows. If anything the cosy intimacy of Boland House added to the success of the evening, so no apology was needed.

In the news items about the Conservation Department we heard that an eligible young bachelor from Floor 25 was making a big effort to stay up late just to watch the show and that a well frequented Coffee



Geoff Pigot at the Ashley's

(Photos: Keith Lloyd and Guy Palmer)

(K.L.)

Emporium on Floor 26 had been requested to restrict the hours of serving in future, to allow the occasional service of treatment instead. Ironically one of the proprietors of that Emporium has since been awarded a professorial chair and entertainment funds to buy sufficient coffee to open up a branch in Glasgow.

"Breakfast at the Ashley's" was predictable fare provided by a falsely named wife called Flossy, who was obviously not meant to bear the slightest resemblance to her real life counterpart. Included with the eggs, bacon and tomatoes came flouride, flouride and more flouride. When the children entered (Thu Nguyen and Wazi Habib) sucking on their fluoride trays like lollipops they were offered sugar free sugar puffs. "Why am I yellow?" and "Why am I brown?" they ask. Daddy Frank (Geoff Pigot) who was obviously meant to bear a very close resemblance to his real life counterpart, replied in a stringent northern accent to match his string vest, "This could be the first case of dermatological fluorosis; maybe I'll write it up."

Still aiming their shaft at P.D., The Interdental Space was a title with a pun. A naval captain in command of the star ship Calculus has a mission to rid the planet Dentoid, in the gin and tonic belt, of the terrible pantomime character with a likeness of Ken Dodd imitating one of the Department's Clinical Assistants. Two things are worth mentioning in this scene. At one stage we were literally shot at with aerosol cans spewing out yards and yards of plastic spaghetti like streamers at a dockside farewell. Quite harmless, novel and very hilarious. Fortunately it set rapidly too and was easily removed, provided it was not rubbed into your hair. Naturally the mission is successfully completed and they all sing:

Happy days are here again
Interdental space is clear again
And the girls need have no fear again,
Happy days are here again.

Scaling teeth is so much fun
When your Cavotron is set on "stun"
But your water coolant does not run
And your patient burns away!

The staff in the Conservation Department were seen to be "Doing the Decent Thing" in the Battle of the Waiting List. Alan Watson's rendition of the merits of the Heyderman carver was outstanding and came closest to any true impersonation. With so many competent mimics anxious to play the inimitable Head of the Department, an ingenious solution was found. We were treated to a whole Rowe of clones—or was it a clone of Rowes? Anyway you could hardly tell any of them from the real thing and in fact rumour has it that the real thing did join them briefly in singing:

Who do you think you are kidding, all you students,
If you think you'll get your points?
I am the boy who will put them up again;
I am the boy who will make you drill in vain.
So, who do you think you are kidding all you students,
If you think you'll get your points?

And when you do your gold test ADR will make you blue.
He wont O.K. your patient, no matter what you do.

(K.L.)

A Rowe of clones, or a clone of Rowes?

The "Song for Europe" was a Consultant's entry entitled "Thank Heaven for DSA's" sung with Gallic charm by Adam Searle in the Chevalier Bret Day style; a winner all the way.

Each time I see a DSA,
Like, Julie, Tracy, Sharon,
I can't resist a simple urge
To smile and say . . .
Thank Heaven, for DSA's
For DSA's grow bigger every day
Thank Heaven, for DSA's
They grow up in the most delightful way
Those little skirts so sexy and revealing
A glimpse of leg will send you crashing through the ceiling
Thank Heaven for DSA's
Thank Heaven for them all
They may be big they may be small
Wihout them what would Little B-Day do.
I love them, my DSA's.

The first half ended with "The Prosthetics Calypso". This was an all cast affair with catchy music that set your feet tapping and your body swaying. There were so many good verses expertly rendered in swinging Caribbean manner that we all felt bouyed up looking forward to the second half.

PROSTHETICS CALYPSO

Chorus

Prosthetics, Prosthetics, we are thinking it is pathetic.
Some they like it but they got to admit
They bordering on being lunatic.

Mr. Marsh, what a farce,
Always reading the newspapers.
He's a sham, do no work,
But at Part IV we look de' burk.
Some storekeepers, dey are gay
Hold their hands in peculiar way
Better be careful, asking for a drill
Keep your back to the wall or you get a thrill

Mr. Spiller, Allen's friend
Always lending a helping hand.
Sometimes see down on de floor
'Cos he had too much Pernod the night before.
There's a technician, Mr. Hughes
Spends all day in the gentlemen's loos
I've often seen him coming out of that box
Closely followed by old Wilcox.

(K.L.)

A Song for Europe

The second half kept up the momentum of the first and it still had them rolling in the aisles. "Call My Prof" took place in the Children's *Department with Nick Cliff playing the Prof sitting in The Chair and he* managed to depict some of the more easily recognisable mannerisms. More venom appeared in the script of this particular sketch than any of the others and I had the feeling the author was being hoisted on to his own back-stabbing petard. Relief was near at hand with the arrival of the Chorus of Cleaners who sang:

SCRUBBERS LAMENT

Round de' Cons floor am a ringing
The scrubbers mournful song.
We are always cleaning units
Cleaning at 'em all day long.
Each and every single morning
The kids arrive at eight.

We have never done the cleaning
Always finish late.
Sink am full and dirty
Floor am sticking to ma' shoe.
Students use the bloody units
We got to use them too.
Bustling round the unit
Student drilling on an eight
We only slightly knock their elbows
Don't know why they get irate

Next into "Never Say Yes, Never Say Maybe" which was well introduced by Alan Whicker (Martin Colley):

"*Good evening. This evening we are on location at the place where today's* carious teeth are tomorrow's dry sockets. Where pens perpetually prescribe penicillin and patter peacefully across orange pads. Where the quiet hum of super torque is interrupted only by the blood curdling cries of the King Claire of the DSA world, as she crows over cryptic clues in yesterday's Telegraph.

What is it that draws the public back on this pilgrimage of pain, to this wonderland of waiting? Wondering when they will be called to this very site on Floor 23 . . . The Primary Treatment Unit."

Several luckless victims fail to answer the questions in the manner expected of them and fail accordingly to get treatment, except for the last who can only er and um. He is lucky enough to get the "injection on the gum" and the drill "on the nerve with the slow painful vibrating drill" but of course, in the end, it has "to come out anyway . . .". In go the forceps, crrrack goes the tooth and then comes the punch line:

"*That's the crown*—come back next week and we'll do the roots. Cheerio squire. . . ."

In "the Wisdom Handicap Chase" all the Consultants were outmatched in oral surgery by that well qualified filly from Oral Medicine" in her stable colours, unblinkered, owned and ridden by Mr. T. Palmer, *clutching multiple diplomas and degrees.*" In no time at all she had "the first eights out, the suture in, the Le Fort III completed, the other eights out and a suture in with each hand, she's told the bleeding to stop . . . and it has."

The highlight of the evening came when the Aussie member of the *team, visibly showing signs of labour pains, gave raucous birth* to nothing more than a koala bear ". . . and you wingeing Pommies thought it was only a beer gut!"

One cynical colleague was overheard saying that the Revue was a kind of psychological warfare, intended to increase the feeling of *personal inadequacy among members of staff. Maybe it just symbolises* the last mud pie a student can throw at his teachers before such an act becomes indictable as character assassination. Long suffering convention has it that the spouse in the audience is the only one allowed to express disfavour with her partner's public image. The wife often feels more stung than the real target. Direct results of the concern over these good humoured insults have been clearly noted; such as the tubby hubby now on a crash diet to reduce his front bumper, or the Professor who never *wears red briefs any more for fear of coming* unzipped.

Adam Searle and his talented team gave us an evening's splendid entertainment. The standard was high, from the superb caricatures from the pen of Chen to the magnificent feast we were treated to afterwards.

The Grand Finale: R.E's last stand *(G.P.)*

Guy's Music Club Christmas Concert

by Mark Powlson

The Annual Music Club Christmas Concert was given in Southwark Cathedral on December the 11th to a large and enthusiastic audience.

Unlike the last two years, where a single work was performed (Bach's Christmas Oratorio and Handel's Messiah respectively) this concert comprised of three works: Beethoven's Overture "Leonora No. 3"; Bach's Motet VI "Lobet de herrn, alle heiden" (Praise the Lord all Ye Nations, Psalm 117); and Mozart's Requiem Mass.

In the Leonora overture the orchestra were very impressive, and produced a fine performance—which reflected great credit on the improvements that Mr. Soothill (the conductor for the last two years) has encouraged. I was very pleasantly surprised by the rendition, and thought it one of the best performances that the orchestra have made in recent years.

The Bach motet was a very difficult piece, and the choir were very brave in tackling it. They did a very good job—but unfortunately lost momentum in the middle, which slightly spoiled the overall impression.

After the interval orchestra and choir combined in a very convincing and enthusiastic performance of Mozart's Requiem Mass. Mozart died before completing it, in December 1791, but it was finished by one of

his pupils according to Mozart's instructions. For a third year both choir and orchestra produced a triumphant performance, in which especial praise must go to the excellent team of soloists: Tamsin Davies (Soprano); Julia Field (Alto); Adam Skinner (Tenor); and Quentin Hayes (Bass). The organ routine was supplied by Ian Page in his usual excellent style. The only sad thing about the performance was that it apparently signals the end of Peter Soothill's conducting at Guy's. I sincerely hope that he does change his mind, but I am sure that all members of the Music Club, and all listeners appreciate the remarkable contribution he has made as the main conductor over the last few years. I hope that his successors will be able to maintain these standards—and with the present quality of the orchestra and choir I am sure that this will be possible.

Thoughts While Awaiting a Pay Rise

After a long wait, nurses are now anxiously looking forward to the report of the Clegg Commission this month. Many feel that we cannot possibly be offered anything less than 25% while others are worried about how and with whom the comparability study will be made, and where the money is coming from anyway. Morale in the nursing profession is certainly very low at the moment. The drop-out rate among student nurses is high, and in many areas there is a high turnover of ward sisters. However it is important that those responsible for the recruitment and management of nurses are not misled into thinking that a good payrise will solve all the problems. If you ask nurses about the reasons for their discontent you will find that many do not mention money at all.

Most nurses enter the profession because they want to care for people who are ill. This sounds fairly straightforward, but unfortunately there are a number of prerequisites for caring for sick people. These include: having enough people to share the workload, having enough equipment in working order, having enough training to undertake the tasks and responsibilities, and being allowed to care for the patient as a person (rather than just as an illness). When asked why they are discontented with their work ward sisters frequently say that the first two of these requirements have not been met; student nurses often mention the second two.

The details of the complaints are multitudinous. Ward sisters will tell of telephoning uncountable times and waiting three months for equipment to be repaired—and they don't just mean special, expensive equipment, but simple things like blocked lavatories and lights that don't work. They will mention that despite the Medical Records Department 'phoning 25 times a day, patients' records are still not found. They will talk about the embarrassment of admitting a patient to a bed with no pillowcases because the laundry is unable to keep up with demand. And they will try to explain their sense of frustration at not always

being able to give their patients excellent nursing care because of shortage of staff and time.

Student nurses will say that they have been left in charge of wards without support when they don't feel competent to have this responsibility; and they may talk about the distress of becoming close to very sick and dying patients, and either being forbidden to talk openly with them or being given no guidance about how to cope with this problem. They will certainly mention the hierarchical structure of the nursing profession which often refuses to listen to their ideas and suggestions, or even acknowledge them to be of any importance other than as pairs of hands. Recently there has been much publicity in the nursing press about the reasons that nurses give up training. A lot of it has been brought to light by the new Nurse Counsellors, who as well as providing support for nurses also produce statistical evidence of the number of nurses who complain of a particular difficulty with their work.

And that brings me to my final point. It seems amazing that the members of a profession that is meant to be able to care for people are so unable to care for each other that they need to employ professional counsellors. It is this *apparent* lack of care, concern and support from many senior nurses that has led finally to the appallingly poor morale among all nurses from ward sister downwards. It was exemplified recently when a ward sister who was leaving was sent a form on which she had to tick a box giving the reason for her resignation. She ticked "dissatisfied", but none of her managers were concerned or even asked her why she was dissatisfied. Nurses would cope cheerfully with all the difficulties of workload, staff shortage, etc. if they felt that the managers were on their side, that they understood what it was like, that they were trying to improve things and that they offered a bit of support, encouragement and praise.

And so, the moral of the story is this. Nurses would like a pay rise very much BUT most will continue to work with poor financial rewards if they are allowed the rewards which they expected from nursing, and all the money in the world won't keep them if conditions are not improved.

JULIA FABRICIUS.

Physiotherapy

The backbone of the army was said to be formed by its senior NCO's; certainly the strength of physiotherapy lies in its senior therapists. "Senior", they are, only in a comparative sense in many cases, as the bloom of youth is still on their cheek, but older in experience and wiser in lore.

Two varieties are recognised, the lower grade II and the higher grade I, and there are laid-down critera by which it may be established who can be classed as what. In general terms, we are talking about therapists who have followed a post-registration path, consolidating and adding to the basic learning which they acquired as students, and who

have now opted to specialise and develop in depth their knowledge of some branch of the profession.

There is concern that in teaching hospitals these people are having so many conflicting demands made upon them that we risk rendering them ineffective. Where there are no students working in their section, life may be rather simpler, and they can do, essentially, what they entered the profession to do, namely to treat patients. Probably, being in charge of a specific area of the department's work-field, they will control some basic grades and even another senior; and will have responsibility for the general oversight of their work, and for creating a situation in which they can develop the special skills and knowledge applicable to that work.

It is likely, too, that some involvement in teaching associated groups will be present, for example giving lifting instruction to the domestic or portering staff, and minor administrative tasks may be delegated to them by their Superintendent. However, by and large, they are doing much the job they expected to do when they qualified.

In departments associated with schools, where the students are placed in order to gain clinical experience, the picture is rather different, because we rely to a considerable extent on the seniors to teach, both by example and by developing an organised programme in association with the teaching staff. Sometimes this will be by inviting the clinical physiotherapist to contribute to a series of classroom lectures—as the consultant or senior registrar may be invited—but more often it is by assigning to her a small group of students to work with and for her for a few weeks in her wards or department. Usually, the teaching staff will be able to collaborate with her in the clinical teaching by making a contribution on a more or less regular basis, but this—except in very well-endowed schools—is restricted and likely to be confined to the immediately adjacent hospitals. For instance, we can do it at Guy's but would find it impossible at New Cross.

Some schools have met the problem by appointing designated clinical supervisors whose essential role is that of the bed-side or plinth-side teacher and who have no responsibility for treating patients. However they are usually members of the school staff and often are there because the school cannot find enough teachers and this is not a post recognised by Whitley.

Of course, teaching is only a part of having students. Our seniors will inevitably be required to evaluate their work and that of the students by participating in either end-of placement assessments or the continuous assessment process, or probably, both.

If a senior does all this her post attracts a tiny training allowance as a material recognition, but otherwise has only the vicarious reward of the gratitude of students and of the teachers. True, she had the supervisory role built in when she accepted the post, but one wonders if it is enough?

R. J. COOPER.

Book Reviews

"Predicting Dangerousness. The Social Construction of Psychiatric Reality", Stephen J. Pfohl. 1978. Pp. 250. Price £12.50. Lexington Books, D. C. Heath and Co., Lexington, Mass.

This book is extremely irritating, rather worrying, in parts distinctly silly, and yet an interesting contribution to a very difficult topic. It includes a report of the process whereby, by instruction of the state court, all the inmates of Lima State Hospital—Ohio's maximum security (Broadmoor type) hospital for the "criminally insane"—were reviewed by a special panel to check the appropriateness of their incarceration in the institution. The reviews were by special expert multidisciplinary panels including psychiatrist, psychologist, and social worker, and the author and research colleagues sat in on all the interviews conducted by these panels with the patients, and also on the subsequent decision making discussions.

This is the interesting part. It was an unusual opportunity to explore a most difficult area of assessment, and some of the methods used are illuminating examples of social observation. The trouble with the book arises from the enormous axe which the authors have to grind. This is antipsychiatric and devoted to a version of "labelling theory" according to which designations of mental illness are but social conspiracies brought to bear on people ex various self interests, in response to which people may behave as if they had mental illness. "Labelling" has a serious side when expounded in moderation, but is nonsense *in extremis*. These authors are *in extremis*. They ought to be ashamed of their literature review, which is parochial, biased, and incomplete. No account of psychiatric diagnosis which ignores recent work by Wing, Kendell, Gurland, and others, or of dangerousness which ignores P. D. Scott, commands respect.

The worrying aspect of this book is that it reflects a vociferous body of opinion in U.S.A. which also has representatives in Britain, but which devotes little time to actually helping people with mental illness (or whatever it should be called), or to trying actively to assist their case.

Only the specially interested or sociologically discerning student will need to read this book.

J. P. WATSON,
Professor of Psychiatry.

"Psychiatric Treatment for the 1980's. A Controlled Study of Short versus Long Hospitalisation." J. D. Glick and W. A. Hargreaves. Pp. 144. £11.50. Lexington Books, Heath and Co., Toronto.

This is a most important book which describes a comparison between two forms of treatment for psychiatric inpatients. Patients were allocated randomly to either short (21-28 days) or long-term (90-120 days) treatment programmes with measures of clinical and social functioning used before and after inpatienthood, and to two years follow up. This study emerges as one with immediate implications for clinical practice. The main finding was that for most patients there is little advantage in a length of stay longer than four weeks. For one group of patients, longer admission was better—these were schizophrenics with relatively good pre-hospital adjustment who benefited from active rehabilitation before discharge. In contrast, schizophrenics with poor pre-hospital levels of functioning did better with brief periods in hospital; these are severely disabled patients who tend to remain in psychiatric care more or less continuously and for whom treatment aims are usually limited.

This book is an exemplary account of a useful clinical research study in psychiatry. The literature review of the uses of hospitalisation is masterly. The book should be read by all concerned with the planning and conduct of psychiatric services.

It doesn't of course answer all the questions—or compare day care with inpatient treatment for instance—but indicates an experimental approach to progress only too rare in psychiatry. And elsewhere in medicine, come to that.

J. P. WATSON,
Professor of Psychiatry.

"Baillière's Nurses' Dictionary" edited by Pam Jefferies.

This useful little book has been extensively revised and brought up to date. In addition to the actual dictionary, the 20 appendices have been brought up to date so that the nurse can now find out about anything from S.I. Units to the address of the King's Fund! The list of prefixes and suffixes is also extremely useful. Every nurse should have a copy of this little dictionary—it is reasonable in price and small enough to carry in the pocket.

B. B. WHYTE.

Correspondence

Dr. Teddy Morgan

Dear Sirs,

Having heard my father speak many times and with great reverence about the legendary try scored by the equally legendary Dr. Teddy Morgan of Guy's Hospital, I was intrigued by the recent correspondence in the *Gazette* on the subject of the Wales-New Zealand rugby match of 1905.

When I told him about the correspondence, my father recalled with astonishing clarity the events of that momentous occasion when the whole of Cardiff went wild with excitement and Welsh history was made. Aged seventeen at the time, he was standing at the "Westgate Street end" at Cardiff Arms Park near the very corner in which Teddy Morgan crossed the line.

Describing the match as one of the most exciting he ever attended, he remembers clearly the names of about half the members of the Welsh side, their position and performance on the field, and the clubs for which they normally played. Perhaps with true Welsh patriotism, however, he firmly denies any recollection of a possible try being scored by New Zealand on that occasion.

Yours faithfully,

ALAN JEANES

Department of Microbiology
Guy's Hospital Medical School,
London Bridge, S.E.1

Bicentenary Photograph

Dear Sirs,

In the summer of 1925 to mark Guy's Hospital bicentenary a panoramic photograph was taken in the park of the medical school students and staff. It had an all male cast. This photograph has been before me since then and I have often studied it, more often since my retirement, trying to recall the names of the men the camera has caught.

Here I must mention a few rare spirits who kept up the comic muse and whose sallies and anecdotes still delight me.

On the front row is John Ryle, a physician of effortless distinction. I imagine that in 1925 there were faint stirrings of social medicine. The idea that the hospital patients were not just people in numbered beds but sentient beings with hopes and fears was taking root. Dr. Ryle always had a few words with each patient and left them with a smile. There were others on the staff like him.

It is fascinating to look at those who were destined for greatness. Their feet already on the first rung of the ladder to the heights.

Finally there are a few faces of those who left the hospital for wider fields. Most of them were surgeons. Like another famous old student their names are "writ in water", but in my opinion they are to be numbered among the greatest of Guy's men. Their memorial is their work, their singleness of purpose and the remembrance of those who were fortunate enough to have known them.

Yours truly,

BEN SOUTHWELL

2 Powell Court,
Rochford, Essex, SS4 1HB

Unfortunately this picture is too large to print in the Gazette with sufficient resolution, but we are sure that old Guy's men will remember it well.—Eds.

Sticks and Carrots

Dear Sirs,

It is with interest that I read this article in Passim. Not surprisingly, I suppose, the Medical School chooses to blame its bad surgery results on lack of effort on the part of its students rather than on its own inadequate teaching of the subject. The latest farce of a test during the last surgery exam—with the penalty clause of not being allowed to sit M.B.B.S. if you don't do well enough—is just another example of Guy's being more concerned about its waning reputation as a medical school rather than as to the calibre of the doctors it produces. A pass percentage of 95% with only 75% being allowed to sit the exam perhaps looking better than a 75% pass with all students taking the exam. What else is to be gained—the students certainly won't benefit from it as they'll have to survive a further six months without a grant, either way.

In despair that Guy's will realise that it is the teaching itself that is at fault and that not enough time is spent by students in busy regional hospitals, I would suggest that all Guy's students should also enter for Conjoint in the

summer. Accepting that there are elements of luck and nerves in all exams this at least doubles your chances—giving a second chance after a particularly disastrous viva or clinical. Then at least you may qualify and start a busy Surgery House Job which will make M.B.B.S. surgery a piece of cake when you retake it 6 months later.

Yours sincerely,

Dr. C. H. ROWLANDS

Pembury Hospital,
Tunbridge Wells

Lewisham Sign-Ups

Dear Sirs,

I take full responsibility for the delay in the Sign-Ups from Lewisham reaching the Medical School Office complained about by your correspondents (*Gazette*, 15th December), and apologise sincerely to them and to the others involved for any inconvenience caused.

However, the implication that the Sign-Ups themselves were delayed is not correct. The decisions were made and the list completed within a few days of the end of the firm's time here, but unfortunately the list was mislaid under a pile of papers on my desk, while I mistakenly assumed it had been sent to the Medical School Office.

Yours faithfully,

T. M. L. PRICE

Lewisham Hospital,
Lewisham High Street,
London, SE13 6LH

Miss Daisy Mays

Dear Sirs,

I should like to draw the attention of your readers to the death of Miss Daisy Mays on Tuesday, December 11th, 1979.

Miss Mays worked in the Counting House for many years. She became the Assistant Director of the Friends of Guy's Hospital Flower Shop.

Her work there enabled her to maintain her keen interest in the Hospital.

She has been one of Guy's faithful servants and I should like to take this opportunity of recording my appreciation and that of all her friends in the Flower Shop for the help and support she gave so willingly.

Unfortunately, she suffered from indifferent health and she had already decided that she must give up her regular commitment to the shop after Christmas.

Yours sincerely,

MARGARET HELLIWELL,

Director,
Friends of Guy's Hospital,
Flower Shop

Little Barrels

Dear Sirs,

Over Christmas we, the swimmers, comforted ourselves to know that any excess fat we accumulated could be removed by vigorous swimming in the Guy's swimming pool.

Imagine our horror when on enquiring when the pool would reopen, we were told that although the footbath had been repaired; the lifeguard was leaving and there was no sign of a replacement.

Please! Please! Help us in our plight! Are we condemned to suffer and remain like little barrels all 1980?

Yours with heavy heart and body,

STUDENT DENTAL TECHNICIANS
(all swimmers)

Floor 20,
Guy's Tower,
Guy's Hospital

Sport

"The world is full of people who never quite get into the first team, and who just miss the prizes at flower shows."

Thus spoke Dr. Jacob Bronowski. I suppose that may be true in the world outside, but if so, then the Ascent of Man has only just reached base camp compared to the lofty heights achieved by Guy's sportsmen and women. There is a curious egalitarian tendency here which almost demands that as many people as possible represent Guy's as our foremost sporting emissaries, which in any normal institution one might expect to prove disastrous in terms of results. Not so here. 1st Soccer are vying for promotion having used 26 players, while 1st Cricket had one of their better recent seasons (with much optimism for next year) using about 260. (These included our illustrious editor, Mark Powlson, though some felt he might have won

more prizes as an exhibit in those flower shows!)

As for the prizes, the Rowing Club seem to be having a remarkable season so far, with both sexes flexing their considerable muscles to good effect. The same may be said of the Ladies' swimming clubs, including physios, though I await the case for the men. I'm not quite sure how the Ladies' Hockey is fairing, as Sally Clarke seems to be seeking a different publisher in Pakistan; and while the M.M.'s 2nd & 3rds hockey have furnished me with much copy, David Holt seems to be somewhat shy of revealing the progress of his star players. Next month perhaps, Baldy? (Similar reticence seems to be abroad in the Rugby camp.) Thanks anyway to all those who have contributed—keep it coming. But please heed Shakespeare's words:—"Brevity is the soul of wit." (He may have had something to say on the subject of legibility, too.)

Let's hope we can, in the 80s, have a resurgence of the sporting greatness I'm sure Guy's players are capable of (I know I am), and not a repeat of the decayed decade that the 70s threatened to be. Especially good luck to the 1st XV Rugby as they launch yet another assault on the Hospitals Cup, if it's not too late, and that they get the support they need so much.

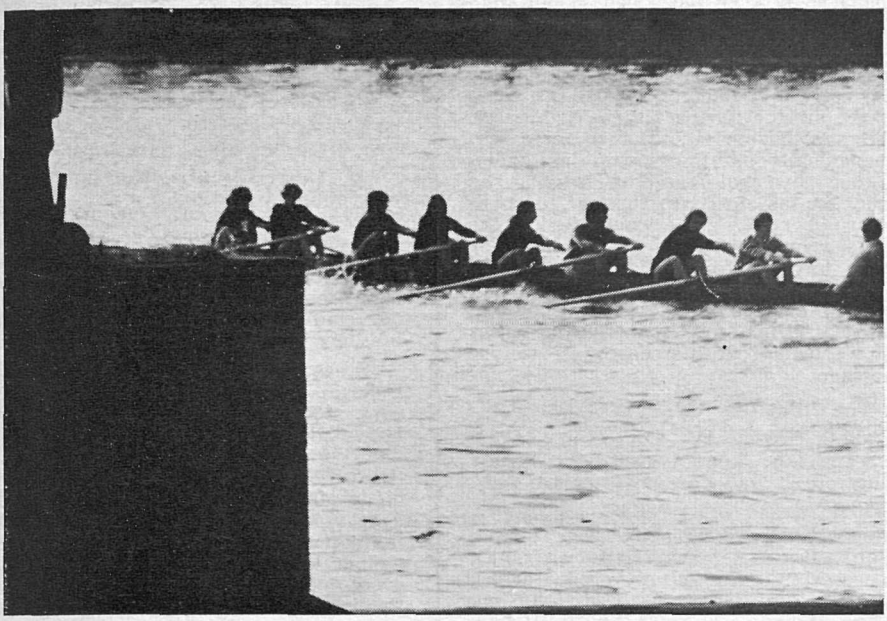
ROWING

Three Trophies in Four Days!

A noble cause to row for Guy's, and nobler still after the events of last term. Thirteen of the finest oarsmen and women Guy's have reared and nurtured in the past two years, took the hopes of the Boat Club to Chiswick, and returned victorious.

On Wednesday, 28th November, in the highly competitive United Hospitals Regatta, our ladies' crew drew first blood. Four young ladies, recruited from a squad of tremendously enthusiastic first year students, who took up the sport from scratch two months ago, lined up against crews from the Royal Free and St. Bartholomew's Hospitals. After considerable trouble in lining the crews up for the start, the race was begun. Our crew soon went ahead of Bart's, and although trailing the Royal Free, they were rowing solidly and consistently. Gradually the ladies gnawed at this lead, cutting it to ½ a length, and with the end in sight under Chiswick Bridge, they took the lead which they managed to sustain through to the finish. A rich victory this, the first for the club for over three years, and even more cherished because to most, not least ourselves, it was unexpected.

Below: the Ladies IV.



Above: the Men's VIII, a length ahead.

The men's crew now took to the water, determined not to be outdone by the ladies. And so to the start of the men's race, a straight competition between Guy's and Bart's, mirroring, probably one of the oldest and fiercest competitions on the river. Despite instructions from the bank followed by exactly the opposite commands from our cox, Guy's got away to a good start, stroking 40 and immediately gaining ½ a length. The clean rhythm of 16 oars in unison was only disturbed by the hooting of a police launch running straight up our course. Luckily the cox guided the launch and crews into separate water and the race continued unhindered. Still ½ a length up Guy's turned on the power and opened the lead up to a length. What a magnificent feeling to be able to ease off slightly, and watch the opposition toiling relentlessly, but not gaining any water. The finish of the race was intended to be at The Ship Inn, but it was ended prematurely by an inconsiderate Q.M.C. coxless IV (in a Bart's boat—irony of ironies), who decided to block Chiswick Bridge, broadside on across the river. Some nifty steering by Tim Zilkha manoeuvred Guy's through, but Bart's ground to a halt and could only watch Guy's cruise over the line with three lengths of clear water. No question of a return, they were beaten and knew it. So amidst cheers, we paddled back to the boathouse, to be greeted by the elated girls. A certain common member of both crews was ceremonially dipped in Old Father Thames and then the celebrations began. A day to remember.

On Saturday, 1st December, not satiated by victory at the United Hospitals regatta, the Guy's 1st VIII aimed their sights at the Allom Cup for Novice VIII's. Due to events beyond our control, the University of London had the audacity to hold this regatta the morning after the Snowflake. Not only had most of the crew not slept since Thursday, but few of them had metabolized all the previous evening's alcohol. A sense of mild anaesthesia swept through the crew as they awaited their first heat. Luckily the opposition was not too tough, and the Guy's crew cruised home 2½ lengths ahead of Imperial and Chelsea Colleges. Now came a four hour wait for the final, during which most of the crew crashed out on the Boathouse floor.

Early in the afternoon the ladies' Novice IV had their heat. The standard of competition was higher than on Wednesday, but they rowed well and managed to overtake the Middlesex. However by the end of the course, Guy's were beaten by the L.S.E., a much more experienced crew. All credit to the girls, though, who

managed to keep the deficit to only one length.

This was followed by the final of the men's Novice VIII's: Guy's lining up against the London, and Bart's, who were out for revenge after Wednesday. After a mediocre start, we were just managing to hold Bart's, with the London trailing by about $\frac{1}{4}$ of a length. The lead see-sawed, Bart's taking $\frac{1}{4}$ length then Guy's taking a $\frac{1}{4}$ length, and as the boats went under Chiswick Bridge, they were level. Through the bridge, Guy's took a $\frac{1}{4}$ length lead, and, despite much erosion managed to keep their bows in front. The final verdict at the finish was Guy's by a foot, the narrowest victory possible.

The Crews:—

Ladies' Novice IV—Cox, Tim Zilkha; Stroke, Jane Legg (v-capt.); 3, Wendy Thurrell; 2, Gail Loveday (v-capt.); Bow, Fiano Macewan.

Men's Novice VIII—Cox, Tim Zilkha; Chris Barras; Mark Gaffney (capt.); Roger Matthews; Andrew Wood (v-capt.); Simon Ward (sec.); Richard Johnston; Chris Newson; 2, Steve Smith (treas.); Bow, Tim Johnson.

Anyone interested in rowing (whether you have ever even seen a boat before doesn't matter), please contact Simon Ward (B/H), or any members of the above crews.

A. Wood (with contributions from S. Ward, Jane Legg and M. Gaffney)

LADIES' SWIMMING

Hat-trick for Guy's Student-Physiotherapists Swimming Team

For the third successive year, Guy's Hospital Swimming team won both the women's trophies at the London Inter-Hospital physiotherapy swimming gala, which was held at the Shell Centre, Waterloo on Friday, 30th November, 1979.

It was an exciting night with Guy's Hospital winning most of the individual events and all of the team races. The swimmers were:—Tracy Maunder (Captain), Jenny Dart, Nicola Dunkley, Sue Grimsdale, Angela Weeks, and Nicola Crofton. The staff representative, Ann Greenacre, was also on form, winning the one length sprint.

The swimmers in the obstacle race had a win over the other female competitors, but unfortunately were pipped at the post by the Combined Services, Halton, men's team in the Final. The swimmers were:—Liz Mendl, Roisin Sheehan, Jill Sunter and Lynne Mackett.

Many thanks are due to all the supporters who came along to cheer us on to victory and ran the risk of losing their voices in the process.

Tracy Maunder (Captain)

Guy's Ladies come 3rd in University Championships

The University of London held its 40th Annual Swimming and Diving Championships in the week beginning 19th November this year. The Guy's ladies' swimming club entered a team, but unfortunately the men could not muster enough enthusiasm this year.

Altogether 16 of the London University Colleges entered teams and as usual the competition was of a high standard. Guy's did well in the heats on Monday. For most events there were at least three heats, but everyone swam well and qualified for at least one final event. Tracey Mander and Julia Hume-Kendle both qualified for two of the finals. We had at least one swimmer in each final event including the team events—something not matched by any other college!

The finals were held on the Wednesday. Julia Hume-Kendle had the toughest racing to do with her Butterfly event following shortly after the 220 yards freestyle in which she came 5th, narrowly missing 4th place. Tracey Maunder came 4th in a very close Individual Medley event and 6th in the 110 yards freestyle. Sian Davies came 4th in the backstroke and Angela Weeks and Mary Ganczakowski came 4th and 5th respectively in the breast stroke final.

In the team events Guy's came a close 2nd to University College in both the Medley and Freestyle.

As in previous years University College who always have a strong team won the event. Bedford College had one outstanding swimmer who entered and won practically every individual event and so almost single-handed managed to get enough points for Bedford College to come second. Guy's were not far behind in 3rd place out of the sixteen colleges competing—a good achievement for all concerned.

Final Results (Ladies)

University College	1st	63 points
Bedford College	2nd	45 points
Guy's Hospital	3rd	37 points

Team: Mary Ganczakowski (captain), Tracey Maunder, Julia Hume-Kendle, Sian Davies, Angela Weeks.

M.G.

SOCCER
1st XI

With the season now more than half completed, by and large, Guy's 1st XI have kept up their early good form, as reported in a previous edition of the *Gazette*.

Despite early exits from both cup competitions, the team remains top of the league with the latest figures being:– P.12 W.9 D.2 L.1 F. 39 A.22 Points 20

While it is still too early to talk assuredly about promotion back to the Premier Division, it is obvious that the team has put itself in a very favourable position.

The league has clearly developed into a "three horse" race; King's and Charing Cross Hospital being the other two contenders for the two promotion spots. The results of all three teams are very similar and no one can afford to slip up. Guy's are in the fortunate position of having completed more fixtures than their rivals and this could yet prove to be advantageous, especially if a deterioration in the weather forces the other teams to stockpile their fixtures into the last few weeks of the season.

Guy's have played both their league games against King's, winning the away fixture but collapsing miserably at home —indeed, those were the first points dropped this season.

On the other hand, both of the league games against Charing Cross remain outstanding, and these will undoubtedly prove to have great significance on the final league placings. We have something to prove against Charing Cross following their easy 3–0 victory over us earlier this season, which knocked us out of the Hospital's Cup. We never looked in with a chance in that game—I'm sure they won't have such an easy game next time.

Considering the games that have been played this term, three features have arisen which augur well for the rest of the season:—

That much over-used cliché **Team-spirit** now seems to have a real meaning in the team, indeed throughout the club. Everybody seems to be enjoying their football this year—yes, even *Dave Greenaway* has been seen to smile (or perhaps it was wind?). Sure, it's a reaction to winning most of our games but it can become a very useful asset. Now, if we fall a goal behind, we don't give up, our heads don't drop—well not so easily as before anyway. This, together with another growing attribute. . . .

Competitiveness has won us games that we could easily have lost, or at best, drawn. Narrow winning margins against the Vets, and Birkbeck (twice) have brought mutterings of "flukey" and "lucky" or even worse from the opposition. I would argue with them. At last the team is combining some aggression and will to win with the skills that have always been present. I hope some of Alex William's aggression rubs off onto the other midfield players (who said especially the Captain?). At right-back, Alistair McColl is having a great first season for the club and can only improve (*?—Ed*). Mark Batterbury, after a fairly shaky start to the season, has played like a man inspired over the last few games (is it for that mysterious lady in your wallet Mark?). Ken Harper and Dave "versatility" Greenaway provide the backbone of the defence and are both turning in consistently good performances. I've even seen Keith Underwood and Mike Breeze tackling back!

Strength in depth. While half the team have played in every match, the remaining places have been filled by a multitude of players, all shapes and sizes, all of whom have played very well and never let the side down. It surprised me when I realised that 26 players have already played for the 1st XI this season!

As vice-captain, Robin Evans went off to America for his elective (*? on ball-handling*), Nick Cowland has made a return to the 1st XI goalkeeping spot. He has played exceptionally well and even kept "clean sheets" for the last two matches (that's what dreams are made of, eh Nick?).

Last year's 3rd team captain, "Sniffer" Robinson has shot up through the ranks and is now well established on the left side of midfield.

Besides the "regulars" of Mike Breeze, Paul Shepherd and Keith Underwood up front, we have been fortunate to have the services of John (Wednesdays only) Rawcliffe, Dave Cheshire and Rick Nicholas.

Dave "hit the woodwork" Cheshire has played several excellent games this season and has scored the occasional goal, in between hitting the bar, post, bar, bar again. . . . If only his girlfriend would let him play more often (*I've heard she does—Ed*).

I think Rick Nicholas surprised himself, as well as the team, by how well he played during his two games for the 1sts. Despite borrowed boots and lack of shin-pads he demonstrated more than enough aggression and a fair amount of

skill and easily fitted into the side. I hope he gets a regular game of football for the rest of the season; the football club will always welcome a large man!

Finally, I must not forget to mention club secretary, Harri Williams. He has done a fantastic job so far with respect to organising the fixtures, referees, teas, etc., and even made his 1st team debut in the last match of the term. Needless to say he had a storming game.

To many among you, I should think that this report tends to seem a little boastful, perhaps a shade lacking in modesty? Well I think the team deserves credit for the games played so far but, I assure you, our hopes for promotion are tempered with respect for the games still to play and an understanding of the job still required of us.

Will we achieve promotion? Watch this space!

Dave Smalley, Captain

GOLF

Guy's Hospital Golf Club Open Championship 1979

On Wednesday, 31st October, at about 8.00 a.m., an historic shot was played at Sundridge Park Golf Club. The first pair competing in the new Open Championship hit their opening drives down the first fairway (almost), and so was resurrected a competition that had lain dormant for over 14 years. To mark the occasion further, a new trophy, *The Kenneth MacLean Scratch Cup* was at stake.

Twenty-two students assembled shortly after daybreak (a remarkable effort, and bad news for the Guy's apathy society) and began to scour the clubhouse for signs of breakfast. After pooling our resources, it was found that there was a shortage of golf balls, and we had to wait until the professional's shop was opened. After a delicious breakfast of *Dextrosol,* those historic shots were played.

It is the significance of those shots that will be remembered, rather than their quality. We had attracted an audience of one sleepy lady and her large Alsatian, which possessed a most creditable sense of timing, being able to control its bark right up until the top of a backswing, but no longer. Having thus reduced the first third of the field to muttering and cursing, the dog was appearing to relish the idea of demolishing the nerve of the rest of us, until a certain member took the matter into his hands by "shanking" violently in its direction.

Thereafter the morning's play was uneventful and unspectacular. The conditions were damp and slow, and several scores of three figures meant that the handicap prize was left wide open. Michael Craigen mastered the gloom better than most and found himself in a strong position on 77 at lunch, a clear 4 stroke lead over Nick Page.

In the afternoon, conditions improved, but this time our worst enemy was the tightness of the West Course, not easy at any time, and requiring great accuracy. However there were some respectable scores, notably a 76 by Nick Page and 77 by Bob Heard.

Because of the time of the year and the size of the field, the last few pairs found themselves finishing in deep twilight. This year, the competition will be held on 28th May, allowing a larger field to compete. During the afternoon, we had been joined by Prof. Trounce (President) and Dr. Youlton, and also by Dr. MacLean, who very kindly agreed to present the prizes. Many thanks are due to them, and we hope that this year they and their colleagues will be competing for the Cup (although we only wish them a *little* luck!).

It finally remains to thank those responsible for organising the Open, and to congratulate them on its success. In particular Michael Craigen's efforts at resurrecting this competition are greatly appreciated, and it is to be hoped that the MacLean Cup will continue to be competed for enthusiastically.

Results

Scratch Cup: 1st Michael Craigen, 2nd Nick Page, 3rd Bob Heard.

Handicap Prize: 1st Colin Lawson-Baker, 2nd Bob Heard, 3rd Charlie Tunnadine.

P.S. Congratulations to the player who completed 36 holes before telling us that he had never played golf before!

Bob Heard

Golfing Society, 1980

Memberships

For 1980, we have negotiated with Sundridge Park Golf Club, a total of 25 memberships, and these will be available to all students and pre-registration staff. Subject to demand, there may also this year be some ladies' memberships available. The cost of membership has had to be put up, but still represents excellent value for 7 day membership at one of London's top 36 hole clubs. The annual fee has not yet been decided, but

will be around £35.40 for students and £45 for qualified golfers *(M.R.C.G.P.? Ed.)*.

Applications are now invited for membership in 1980/81, beginning in April. Leave your name and handicap on the Golfing Society noticeboard (outside the bar) or in our pigeonhole in Boland House.

Bob Heard (secretary)

CRICKET

Two things

(1) The season starts in April. We have nets at Lords for 2 months before that. You'll never play on a better surface, but you won't play at all if you don't tell Alex Williams, John North, David Hett, Peter Jolliffe or me that you want to go. Last year, after informing people via notices, advertisements, word of mouth and sports write-ups, until I was blue in the face, fingers and much else besides, I still had lots of people coming up griping that they didn't know, or that they'd told me the night before but it was full up. If you want to come, we want you, but get your a** in gear and let us know. NOTICES WILL BE DISPLAYED.

(2) Due to circumstances arising from the unreliability of hospital/college sides in general, the agency whence we normally recruit our umpires no longer has any dealings with such bodies, which unfortunately includes ourselves. As such we are temporarily umpireless. We wondered, therefore, if any kind gentlemen reading this might consider doing this worthy duty, which would help us enormously. We shall, of course, furnish any out of pocket expenses, food, and everlasting admiration. If you are interested, in anything from one game upwards, please write to John North, Cricket Club Secretary, East Wing, Guy's Hospital, SE1 9RT, and he will let you have a list of fixtures.

Charlie Tunnadine

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JUNIOR STAFF APPOINTMENTS

The following appointments and re-appointments have been made for the period commencing 1st October, 1979:—

Department of Clinical Dental Surgery

Mr. P. J. Bathard-Smith (S.R.)
Mr. J. M. Robertson (S.R.)
Mr. M. G. Hodge (East Grinstead) (S.R.)

Department of Oral and Maxillo Facial Surgery

Mr. F. Safinia (Reg) (to 31.5.80)
Mr. G. Tier (Reg)
Miss R. E. Hickman (Reg)
Miss L. M. Finlay Reg)
Miss J. M. Stewart (C.A.)
Mr. P. N. Sheppard (C.A.)
Mr. R. M. Wilson (C.A.)

Department of Pertodontology and Preventive Dentistry

Mr. J. R. Radford (Reg)
Mr. C. D. Allen (Reg)
Mr. C. A. Waterman (C.A.)
Mr. P. J. Kerr (C.A.)
Mr. C. A. R. Kennedy (C.A.)
Mrs. F. J. Radford (C.A.)
Miss A. A. E. Adami (C.A.)

Department of Prosthetic Dentistry

Mr. R. I. Joshi (Reg)
Dr. D. W. Martin (C.A.)
Mr. R. E. W. Pearce (C.A.)
Mr. P. N. Davidson (C.A.)
Mr. P. B. Swiss (C.A.)
Mr. P. A. Swift (C.A.)
Vacant (C.A.)
Professor P. Saunsbury (C.A.)

Department of Conservative Dental Surgery

Mr. J. R. Radford (Reg)
Mr. C. D. Allen (Reg)
Mr. T. R. Pitt-Ford (C.A.)
Mr. C. A. R. Kennedy (C.A.)
Mr. R. J. Goulden (C.A.)
Mr. F. G. Van den Berg (C.A.)
Mr. D. M. Heyderman (C.A.)
Mr. M. L. Schaller (C.A.)
Mr. R. A. Ellis (C.A.)
Mr. A. A. Macdonald (C.A.)
Mrs. F. M. Paterson (C.A.)
Miss S. Afflech (C.A.)
Miss C. P. Wookey (C.A.)
Miss H. C. Loxley (C.A.)
Mr. C. F. Invest (C.A.)
Mr. A. A. Robinson (C.A.)
Mr. J. Webber (C.A.)

Department of Dental Radiology

Mr. B. W. Beeching (C.A.)

Staff Dental Officer

Mr. R. A. Ellis (C.A.)

Department of Oral Medicine and Pathology

Miss R. E. Hickman (Reg)

Primary Treatment Unit

Mr. R. A. J. Shaw (A.D.S.)

Dental Care of the Handicapped

Miss H. Dickinson (Child) (A.D.S.)
Mr. L. Phelps (A.D.S.)
Mr. P. J. Hill (A.D.S.)

UNIVERSITY OF LONDON
FACULTY OF MEDICINE

2nd Examination in Dental Surgery

M. D. Bellew
C. J. Birtwhistle
Ms. A. M. Copson
M. P. Dunkin
R. A. W. Flanagan
B. B. A. Girach
Ms. A. B. Gordon
M. G. Hackett
I. G. Hutchings
A. R. Liddell
D. H. Miller
M. A. Powell
M. N. Rudiak
G. Thomas
A. N. Whitfield
Ms. P. E. E. B. Wilder Smith

3rd (BDS) Examination in Dental Surgery

Part I

Ms. S. E. Andrews
J. S. Kettle
R. P. Lawson
J. P. Murch
Ms. B. M. O'Connell
Ms. E. Rogers
J. D. E. Silcock
M. Ter-Berg

Part II

Ms. H. A. Beckett
Ms. C. E. Berry
Ms. S. Berry
T. W. Biddle
D. S. Brampton
J. J. W. Breckon
M. R. Breeze
G. M. Burr
D. S. T. Carr
P. D. Cheshire
Ms. C. A. Chryssides
Ms. N. M. Coppock
Ms. S. C. Davies
R. A. Dobson
Ms. A. Edward
Ms. D. Flanagan
M. J. Fogg
Ms. M. J. Fox
M. J. Gealer
Ms. H. M. Giel
I. H. S. Gillespie
K. A. Grave
Ms. S. L. Green
G. Habberfield-Bateman
Ms. K. E. Harley
A. J. Hart
M. P. Hector
S. Jagsi
Ms. J. Jenkins
M. N. Lowey
W. M. Mackey
C. Marshall
Ms. G. B. Martin
K. G. Middleton
Ms. B. A. Milne
N. S. Mudhar
Ms. G. M. Nobbs
J. C. Pennington
Ms. L. A. Phillips
Ms. A. M. Portelly
D. R. Radford
Ms. J. M. Redfern
M. C. Reece
Ms. P. R. Robertson
Ms. L. S. Schaller
Ms. P. A. Stephenson
Ms. C. A. Thomas
A. G. Vaughan
Ms. J. A. E. Williams
Ms. L. J. Winchester
J. P. Wise

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R. A. Baker
Ms. H. A. Beckett
Ms. C. E. Berry
T. W. Biddle
M. Billington
D. S. Brampton
J. J. W. Breckon
G. M. Burr
S. C. Burrows
P. D. Cheshire
Ms. S. M. Clark
Ms. N. M. Coppock
M. I. Cotgreave
Ms. E. D. Deacon
G. B. Derry
Ms. E. A. Dighé
R. A. Dubbins
Ms. A. Edward
N. Elvin
Ms. D. Flanagan
M. J. Fogg
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Ms. M. A. C. Foxton
M. J. Gealer
Ms. H. M. Giel
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Ms. S. L. Green
S. D. Gregson
G. Habberfield-Bateman
Ms. K. E. Harley
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S. Jagsi
J. Jenkins
S. P. Knights
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Ms. G. B. Martin
A. Mehta
K. G. Middleton
Ms. B. A. Milne
C. N. T. Mitchell
N. S. Mudhar
Ms. G. M. Nobbs
J. C. Pennington
Ms. L. A. Phillips
Ms. A. M. Portelly
D. R. Radford
Ms. J. M. Redfern
Ms. P. R. Robertson
P. J. A. Sanders
Ms. L. S. Schaller
Ms. P. A. Stephenson
G. H. P. Suchett-Kaye
Ms. C. A. Thomas
A. G. Vaughan
S. A. Walker
D. R. Webber
K. K. Wee
Ms. J. A. E. Williams
Ms. L. J. Winchester
J. P. Wise

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Ms. S. Berry
M. Billington
Ms. C. W. Brazenall
Ms. K. Cooper
Ms. E. A. Dighé
Ms. A. Edward
J. C. Moore
M. G. Pascoe
Ms. P. R. Robertson
P. G. Robinson
P. J. A. Sanders
A. M. Singer
Ms. P. E. Tamlin
Ms. L. M. Taylor
K. D. Underwood
A. Varma

FINALS

3rd (BDS) Examination in Dental Surgery

Honours

N. S. Bhuva (distinguished in Pharmacology and Therapeutics)

A. V. Bramwell (distinguished in Pharmacology and Therapeutics)

Ms. V. J. Cater (distinguished in Dental Surgery)

Chen Chun Kit (distinguished in Pharmacology and Therapeutics)

Ms. J. A. Jordan (distinguished in Pharmacology and Therapeutics)

C. N. Kay (distinguished in Pharmacology and Therapeutics)

S. M. Perry (distinguished in Medicine, Pharmacology and Therapeutics, and Dental Surgery)

A. P. J. Pini (distinguished in Dental Surgery)

G. D. Rickard (distinguished in Pathology and Microbiology)

R. Saravanamuttu (distinguished in Pathology and Microbiology)

Pass

N. V. J. Barrett
E. V. Bosch
N. J. Capp
Ms. J. E. Carr
Ms. S. J. Carter
N. P. Chandler
Ms. D. I. Christopher
J. M. Colley
G. V. Cresswell
S. A. Des Clayes
Ms. C. Dixon
Ms. A. M. Edgington
M. Fillery
Ms. G. M. Gauntlett
R. W. Gilbert
M. A. W. Habib
S. L. C. Pimm
R. B. T. Price
D. J. C. Rees
A. J. Renaut
A. E. Searle
Ms. J. E. Sladden
J. G. Smerke
Ms. A. J. Smith
Ms. G. T. Smith
N. R. Smith
M. Hammond
Ms. K. M. R. Harrison
F. J. Hughes
C. J. Legg
A. C. B. Logie
Ms. C. H. Macfarlane
Ms. F. M. McLean
N. L. Matthews
D. J. Mehigan
T. A. T. Nguyen
Ms. J. A. Owen
Ms. D. A. H. Pacy
J. A. Pascoe
S. G. Perkins
A. G. Pigot
Ms. P. A. Sugden
Ms. B. I. Szulc
G. D. Tarrant
C. D. Thomas
Ms. K. Warren
A. J. Watson
Ms. D. J. Watson
N. P. Willis
Ms. K. L. Worrell

MB BS Examination for Medical Degrees

P. C. Birtles
D. R. Davies
A. M. Dighé
T. C. Dowd
P. M. Fisher
M. Glover
J. N. P. Higgins
M. Hodes
L. O. Hughes
M. R. Kiln
J. H. T. Lee
T. J. Leverton
S. W. Lewis
J. C. Palmer
C. C. Paul
R. B. Pryn
Ms. H. S. A. Roberts
C. M. Rowlands

MSc—Human Communication

Ms. M. P. Appleton
P. B. Brock
Ms. S. Brown
L. C. Choong
Ms. S. P. Davis
C. Donlan
Ms. E. M. Evans
Ms. B. S. Gianntonio
Ms. J. R. Gompertz
A. D. Jackman
E. A. Keenan
Ms. P. A. Oliver
Ms. M. J. Wareing

PERSONAL

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G.P. LOCUM wanted long or short. April 1st–July 1st, accommodation, wife and two small girls necessary. Telephone Woking 73760. Ian Morgan (Guy's 1970).

LOCUM DENTAL SURGEON

The Eleventh of June Clinic provides medical and dental services for employees and dependants of eight major companies engaged in the oil industry at its modern hospital in Tripoli, Libya.

A Locum Dental Surgeon is now required to work from 20th March, 1980, for one or two months in the mainly conservation orientated Dental Department with two other English Dental Surgery Assistants.

The salary will be £1,000 per month tax free, of which 90% can be remitted abroad. Furnished accommodation will be provided. Transport to and from the Clinic will also be provided and, of course, air fares, U.K. to Tripoli and return.

The applicant should have at least three years experience after qualification, and can come on single status or with his wife but without children of school age.

Applicants should write, in complete confidence, giving career details and quoting reference LIBYA/FR to:

F. Rothwell, C.B.E., Whitehead Technical Services Limited, The Whitehead Consulting Group, 21 Wigmore Street, London W1H 9LA.

BIRTHS

WHEELEY—On 18th Dtcember, 1979, to Holly (née Nelsey) and Martin, Triplets (Sarah, Ruth and Andrew) sisters and brother for *Elizabeth and Mark.*

PIGOT—On 20th December, 1979, to Dianne (née Pullen) and Lester, (BDS 1974) a baby girl, Elizabeth Sarah.

DEATHS

DAVER, Edalji Nanabhoy, qualified at Guy's LDS 1958, died of Hodgkin's Disease on 30th November, 1979, aged 50.

LONG, Judith M. V., on 28th October, 1979, Judith M. V. Long, S.R.N., of Comforts Farm Cottage, Oxted, Surrey. Beloved daughter of Mrs. Violet Long.

ENGAGEMENT

GRAHAM—LOCH. The engagement is announced between Dr. Mark Graham and Miss Jenny Loch, B.D.S.

CHANGE OF ADDRESS

WINSLEY-STOLZ, Dr. H. 102 Muswell Hill Road, London N.10.

DAVIES, Dr. C. D. W. and Mrs. H. "Homeland", Teignmouth Road, Maidencombe, Torquay, Devon.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 2 months are: 10th February and 16th March, 1980.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

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Guy's Hospital Gazette

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NEWS EDITOR — MARK CRONSHAW
SPORTS CORRESPONDENTS — GARY CALVER
NURSING CORRESPONDENT — JULIA FABRICIUS
PHYSIOTHERAPY CORRESPONDENT — RONALD COOPER
MANAGER — PAT POULTER

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Contents

	Page
PASSIM	47
NEWS IN BRIEF	48
OBITUARY Dr. David Ellis	53
APPRECIATION Mr. W. A. Vale	54
CLUBS' UNION NEWS	55
LEAP WEEK by Deborah Brooke	56
GUY'S AND ST. THOMAS'S (PART ONE) by Mr. T. L. T. Lewis	57
GREENPEACE IN GUISEWOOD by Dr. D. Corless	60
INTERVIEW Professor A. P. Adams	61
INDIAN SUMMER by Oliver Penney, Rob Cook and James Rankin	67
NURSING	74
PHYSIOTHERAPY	75
BOOK REVIEWS	77
CORRESPONDENCE	78
SPORT	80
HOSPITAL INFORMATION	87

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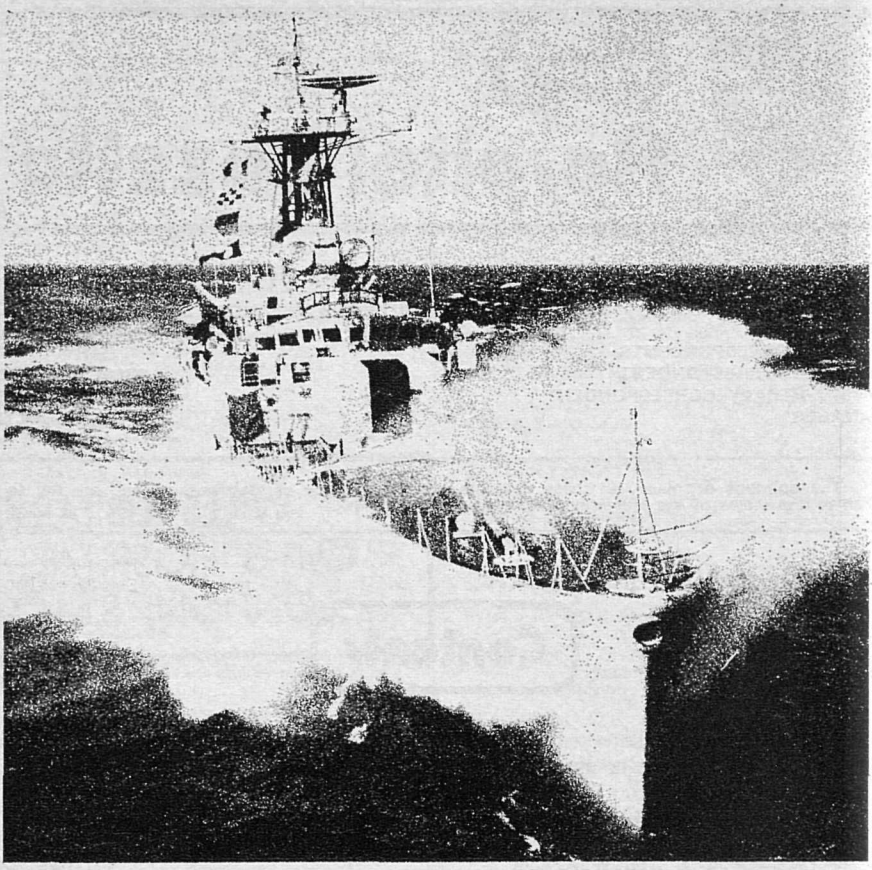

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ROYAL NAVY MEDICAL CADETSHIP

Passim

The development of effective ways in which to communicate elaborate information or ideas is often held to have been a major step in the advancement of *Homo sapiens.* It is, therefore, greatly to be deplored that probably in the whole of the medical profession—and most certainly within the Hospital as the microcosm thereof—a process of devolution is proceeding apace: and, moreover, at a progressively increasing pace.

This diminution of effective communication is not, however, from a lack of information, nor less from a deficiency of sources. It derives from the very opposite: a superabundance of information, from a superfluity of sources. The resulting plethora engenders confusion, and a distinct inclination to take arms against a sea of circulars, and by opposing, end them. Alas, they tend to be hypnotic and result in nothing more constructive than a nightmare.

As far as the medical world in general is concerned, there is little that practitioners can do. One must subscribe to several reputable journals to keep in touch with new ideas (and with the Hospital, please note!), but however selective with these, one will still—as long as one's name can be found in the Medical Register—be plagued by circulars from drug companies, insurance salesmen, or anybody else who feels you might benefit them (or their cause) whether directly or indirectly. Amongst this deluge of largely counterproductive dross (which must be a major cause of deforestation and a terrible burden on the Post Office), one tends to lose the important things. Indeed, there is a lamentable, though unsurprising, tendency to direct, unopened, all incoming mail of a certain shape in a buff envelope to the litter bin. While this may have the advantage of diverting threatening letters from the taxman, these circular-senders do, however, tend to vary sizes and colours to avoid this fate, so that one still gets a high rubbish percentage if one opens any of one's incoming mail. (Indeed it would seem that some don't open any, for there do exist some individuals, surely Erebean in their turpitude, who go so far as to cancel journals as excellent as the *Gazette!* Shock, horror!). The solution of this problem is up to the senders. We are convinced that any drug company which specifically advertised that it was to stop the sending of any more circulars (as long as it did *not* do so in a circular) would have a greatly increased turnover overnight, and would also have a reduced postage bill. If they then used the extra money to support advertisements in the reputable journals, possibly bringing down the prices thereof, everyone would benefit.

In the Hospital itself the above problem already exists, but the "superabundance of information from a superfluity of sources" is further complicated by the insistence of these sources to only display notices on their particular departmental noticeboard. There are probably fifty of these in the Hospital, Medical School and Boland House—all of which, it would seem, being as far apart as possible. Thus it is not infrequent to find that interesting meetings or lectures have been poorly attended because of a failure to communicate their existence to the

intended audience. Indeed, it is often found that lectures clash with other talks, or exams, etc.—sometimes even within the same department! While there are large interdepartmental noticeboards in the Colonnade, these tend (because of the Herculean effort necessary to obtain the keys) to become filled with official notices of a bureaucratic nature, and if other notices are displayed they tend to remain for long after the relevant date, with the inevitable result that people tend to ignore them all.

Two things prevent one from suggesting a sensible central information board. Firstly (by an application of Parkinson's Law) notices expand to fill the space available for them, and so such a noticeboard —even if kept up to date—would probably have to cover at least one outside wall of the Tower. Secondly, the move would be used as an ideal excuse for an expansion of bureaucracy, the putting up of countless explanatory notices, and the sending of seas of circulars to everybody concerned (and to many more who couldn't care less).

The ideal solution for the Hospital's problem would seem obvious —inform the *Gazette* (preferably with several used banknotes of large denomination).

News in Brief

Dr. Philip Helliwell

We are very pleased to hear that at the Annual General Meeting of the Association of Anaesthetists of Great Britain and Ireland, held in Stirling on the 13th September last, Dr. Philip Helliwell was, by acclamation, elected an honorary member of the association in recognition of distinguished services to the science and art of anaesthesia.

This honour is normally awarded to the member after the end of his term of office but Dr. Helliwell (a past President of the Association) is still actively involved as Chairman of the Editorial Board of Anaesthesia and of the Organising Committee of the 1982 European Congress.

The General Assembly of the Danish Society of Anaesthesiology recently appointed Dr. Helliwell an Honorary Member of the Society.

The citation reads: "For decades, Danish anaesthesiology has benefited from the well-established Anglo-Danish connections and we feel that the joint meetings which took place during his Presidency of the Association of Anaesthetists of Great Britain and Ireland were a most valuable contribution to the reinforcement of the links between our societies and to the further development of anaesthesiology in Denmark."

This honour will be presented at a meeting in Denmark during this year.

Dr. B. Matthews

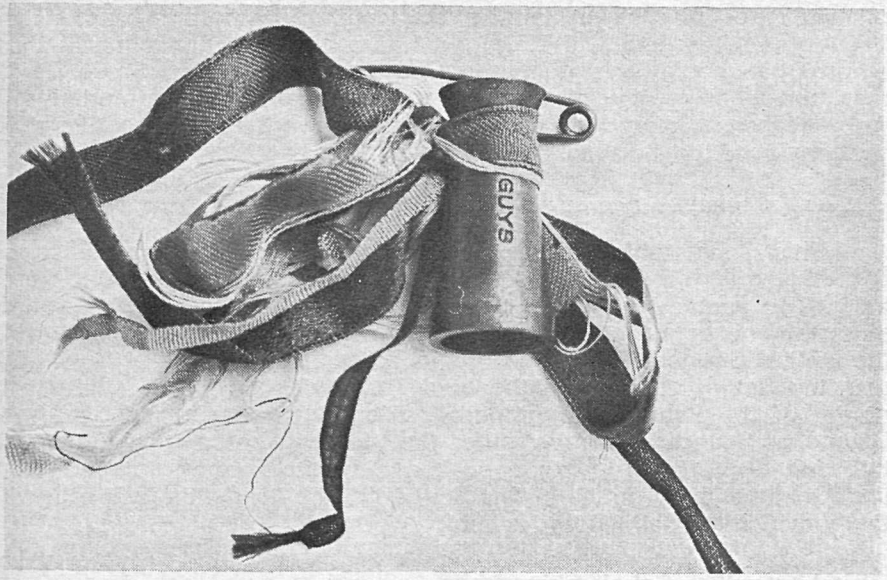
Dr. B. Matthews, Ph.D., B.D.S., who qualified from Guy's in 1960, has been appointed as Professor and Head of the Department of Physiology at the University of Bristol—surely the first dentist to hold such a post, and we would like to offer him our sincere congratulations.

South Wales Guy's Hospital Society

The 29th Annual Dinner will be held on March 1st, at the Park Hotel, Cardiff after the Wales v. Scotland match. 7.15 p.m. for 8.00 p.m.

The Immortal Churn

One of the most interesting discoveries during "The Great Move" *(Gazette,* Dec. 1979*)* was of a replica of the Churn—the mascot of the Rugby Club. The Churn, shown below (lifesize), is decorated with ribbons in Guy's colours. If any of our readers can throw further light on this replica we would be pleased to hear from you.



Clubs' Union: Senior Staff posts

Dr. R. K. Knight was elected Chairman of the Clubs' Union at the Annual General Meeting on February 7th. Mr. T. L. T. Lewis, his predecessor, will continue to give his help as Vice Chairman, and Prof. Rowe continues as Senior Treasurer. Congratulations to these three, and best wishes for the next year.

Especial thanks to Mr. T. L. T. Lewis for his exemplary Chairmanship of the last two years, and to Mr. Bret Day, who retires as Vice Chairman after several years of service to the Clubs' Union.

Dr. Robert Paterson

Dr. Paterson, senior lecturer in Conservative Dental Surgery at Guy's, has been appointed to the Chair of Conservative Dentistry at Glasgow University. Our heartiest congratulations.

Mr. C. H. Blockley

Mr. C. H. Blockley, Consultant Dental Surgeon to the Tunbridge Wells group of Hospitals has been elected President of the American Dental Society of Europe. The annual meeting of this society will be held at the Hilton Hotel, Stratford-on-Avon, June 24th–28th 1980.

Any non-member wishing to attend will be sponsored by the executive.

There is a Registration fee for visiting dental surgeons.

The London Medical Group

On January 31st the London Medical Group held one of its regular meetings at Guy's with Professor Clark taking the Chair. The symposium's title was "The Hand of the Healer: Has faith a place?" and Dr. Alec Forbes, a faith healer, put his case first. Chancellor E. Garth Moore then spoke briefly on the Church's activity. Dr. Gavin Davies regretted what he saw as attempts to take healing out of medicine. In the discussion afterwards the audience showed itself receptive of, if not convinced by, the speakers.

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Council. The value of the Scholarship will be up to £1,500 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel, etc., it is necessary for all applications for Travelling Scholarships for 1980 to be received by the Dean of Dental Studies by Friday, 2nd May, 1980.

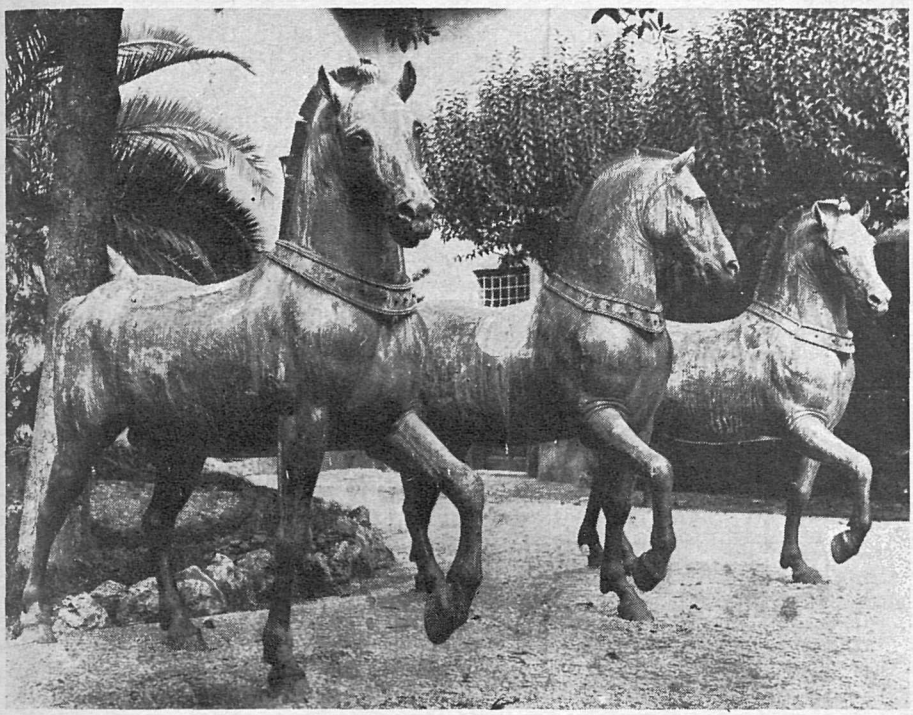
The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

Guy's Theatre Club

The Theatre Club is presenting a production of Joe Orton's *"Loot"* in the Ballroom of Boland House, at 7.00 p.m. on March 6th and 7th.

Horses of San Marco

Dr. W. G. Tillman (Guy's, 1937) recently sent us a photo of the Horses of San Marco *(Gazette,* Nov. 1979*).* The picture shows three of the four horses and was taken in Rome, in 1945, prior to their return to Venice.



Medical Officers of Schools Association

The Medical Officers of Schools Association held its annual dinner in the Robens Suite. Dr. Robin Moffat (Guy's 1954), President of the Association, was in the chair, and Dr. Beer, Chairman of the Headmasters' Conference, proposed the toast. Dr. Gerard Vaughan, M.P., was amongst the guests.

British Heart Foundation Grant

We are pleased to announce that a grant of £55,236, awarded by the British Heart Foundation, goes to Dr. M. J. Tynan, Department of Paediatrics, for a major study into congenital heart disease.

Miss Daisy Mayo

We apologise for the incorrect spelling of Miss Mayo's name in last month's issue.

This Month's Cover

This month's cover is a reproduction of a photograph of Sir Alfred Fripp, a former Governor and Consulting Surgeon of the Hospital, who died on February 25th, 1930.

Dates from the Medical Diary

February

Tues. 26 Entry forms for the Preliminary Examination for Studies in Medical Subjects must be left in the Medical School Office not later than this date.

Wed. 27 Examination for the Larkin Prize in Medicine begins.
Examination for the Gillespie Prize in Psychological Medicine begins.
Examination for the School Prize in Pharmacology begins.
Entry forms for the M.B., B.S. (Revised Regulations) Examinations in June must be left in the Medical School Office not later than this date.

Fri. 29 Entries close for the Treasurer's Medal and Tewfik Prize for Surgery.

March

Mon. 3 Examination for the Treasurer's Medal and Tewfik Prize begins.

Wed. 5 Final Conjoint Examination begins.

Fri. 7 Entries close for the Beaney Prize in Histopathology.

Wed. 12 Examination for the Beaney Prize in Histopathology begins.

Fri. 14 Entries close for the Beaney Prize in Immunology.

Mon. 17 Basic Medical Sciences Examinations (5th term) begin.

Wed. 19 Examination for the Beaney Prize in Immunology begins.

Fri. 21 Entries close for the Golding Bird Medal and Prize in Bacteriology.

Fri. 21 *SPRING TERM ENDS.*

Tues. 25 Entries close for the Preliminary Examination for Studies in Medical Subjects.

Wed. 26 Examination for the Golding Bird Medal and Prize in Bacteriology begins.

Dates from the Dental Diary

February

Tues. 26 Entry forms for the Preliminary Examination for Studies in Medical Subjects (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Fri. 29 Entries close for the Examination for the Newland-Pedley Medal and Prize in Operative Dentistry.

March

Mon. 3 Applications for the Final L.D.S. Examination, Parts I and III (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Mon. 10 Applications for the First L.D.S. Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Fri. 14 Applications for the Third B.D.S. (June/July) Examination, Parts I, II, III, IV and V (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Fri. 21 *SPRING TERM ENDS.*

Tues. 25 Entries close for the Preliminary Examination for Studies in Medical Subjects.

Obituary

David Ellis, M.B., B.S., M.R.C.S., L.R.C.P., D.T.M. & H.

Dr. David Ellis died at his home in High Wycombe on 24th October, 1979, after a long illness bravely endured. He was born on April 12th 1905, in Swansea, son of the Revd. W. T. Ellis and came to Guy's Hospital in October 1925—qualifying in 1928.

He held several House appointments at Guy's Hospital, finally as House Physician to Sir Arthur Hurst, an appointment he was particularly proud of.

In 1931 he obtained a D.T.M. & H. and then joined the Sudan Medical Service for 2 years. On returning he came to High Wycombe in 1932 and entered General Practice with another Guy's man—Dr. Leslie Reynolds.

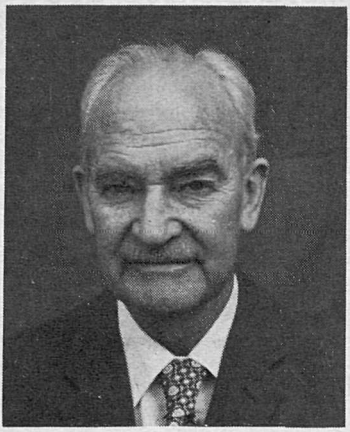
He rapidly built up a flourishing practice by virtue of his drive and enthusiasm for hard work and was well known and respected for his clinical acumen and also his no-nonsense approach to his patient's problems.

The strength of his personality made him a well known figure in the town and all around him had great respect for his opinion.

Having been in partnership with him in his later years, I have nothing but gratitude for all I learnt. He was devoted to medicine and his family, and their sad loss is shared by the many friends and patients who admired his commonsense approach to life.

C. V. E.

Appreciation



Mr. W. A. Vale

On 30th September, 1979, W. A. Vale retired after 48 years association with Guy's Hospital Dental School. He arrived at Guy's as a dental student in October 1931 and qualified B.D.S. in 1936. During this period as a student his talents as a clinical operator became apparent and after completing a house appointment he was persuaded to join the teaching staff as a part-time demonstrator.

Having been a keen member of the University of London O.T.C. as a student, it was not surprising that with the outbreak of the 2nd World War in 1939 Nick Vale was soon in the uniform of the Army Dental Corps. His operative skills were immediately recognised by the military authorities and with his posting to Millbank he found himself with a "Senior Officer practice". He has a fund of stories concerned with the idiosyncrasies of certain famous generals.

It was during this period in the army that he met and subsequently married Muriel Barnby who was the first woman dentist in the Army Dental Corps.

After the war Nick Vale returned to Guy's as a part-time demonstrator and later as First Assistant in the Conservation Department with Professor A. E. Herbert. During this time, as a Senior Lecturer, he played an important part in the post-war development of dentistry at Guy's. He experimented with, and clinically assessed most of the new restorative materials. New equipment was rigorously tested; in particular the air turbine handpieces and fully automated reclining dental chairs came under his critical surveillance.

His supreme knowledge of equipment was widely appreciated and his advice was regularly sought both in the United Kingdom and abroad. He played an invaluable role in equipping the dental floors of the new School and Hospital in the Tower. The fact that, compared with other

new schools, Guy's has experienced so few equipment problems is largely due to Nick Vale's wisdom and experience.

In addition to his teaching duties, he took on the onerous duty of Dental Administrator and for 14 years he was responsible for the clinical administration of the Dental Hospital. This was an extremely difficult job especially for someone with such high standards of ethical treatment and technique. However, his patient attention to detail, firm knowledge of what was needed together with his sense of humour enabled him to get the respect, and sometimes the awe of students and staff.

Soon after the move into the Tower, he had the additional burden of an increasingly ailing wife. Muriel's death was a severe blow but he was much sustained by his family, John and Susan.

It was a matter of great joy and happiness to all Nick's friends when the news became known of his quiet marriage to Dilys shortly after his retirement.

Nick Vale will be greatly missed at Guy's by many people; we wish him a long and happy retirement.

R. D. E., M. N. N.

Clubs' Union News

The Clubs' Union year has begun with a flying start; I am delighted to report that the A.G.M. on 7th February was lively and well-attended. The incomparable team of Dr. Knight and Chas Newstead retained interest while hurtling through the routine items on the Agenda, allowing time for discussion of the controversial. The minutes of the A.G.M. will be posted on the Clubs' Union notice board (outside the Union office), for those who were unable to attend.

Congratulations to the new officers:— Junior Secretary, G. Noble; Junior Treasurer, R. Matthews; Bar Secretary, T. Bryant; Social Secretary, G. Ramin; Ordinary Member, A. Vaughan; Pre-Clinical Members, A. Kent and Miss A. Barton. A challenging year is ahead— both within Guy's (will there *ever* be enough glasses in the Bar?) and outside (Lord Flowers is expected to report on The Future Direction of Medical Education in London next April); and I am sure that the team will enjoy working on the Union.

The new Constitution, passed at the A.G.M. and approved by the Governors, is now in effect. Matters of policy are decided by an expanded Clubs' Union. Council-elections for a second Vice-President *(they obviously need two to replace the last—an Ed.) (In volume—another Ed.)* and for the Year Representatives are being held at present. The specific function of the Year Representatives is to assess opinion amongst their year and to represent these views on the Union Council. Let this not be a pious hope; it is your Union and your views are important, so communicate them! The agendas and minutes for Council meetings will also be pinned on the Union notice board; Council meetings are held monthly.

The Junior Treasurer and three members of the Union Shop Committee—who will staff it at lunchtime—are chosen from the Year Representatives.

This larger Council is, of course, subordinate to the wishes of an Extraordinary General Meeting which can be called by thirty members of the Union giving seven days notice. There will still be an A.G.M. in February, but the spectre of an inquorate General Meeting has been banished; business can be completed with a semblance of efficiency.

Attempts have been made to change the Constitution with monotonous regularity during recent years and this represents a happy conclusion to a torrid tale.

Plans for the Summer Festival are in hand; that is, a small group of dogged individuals are sitting at tables with pristine sheets of paper and blank brains trying to dream up Amusing Games. All help and ideas will be gratefully accepted.

Finally, thanks to Chas Newstead, Mark Powlson, and last year's officers for their hard work which was reflected in the smooth running of the Union.

DEB BROOKE.

Leap Weak

by Deborah Brooke

Leap Week is the name given to the Guy's Hospital Charities' Week, from 23rd February until 1st March, 1980. There was a large response to our earlier appeals for help and many people have been involved with the organisation; the week promises to be a great success. The charities that will benefit include Dr. Barnardo's Homes, The Imperial Cancer Research Fund, Physically Handicapped and Able Bodied, Association for Spina Bifida and Hydrocephelus, and Charterhouse in Southwark. It is also hoped to make a contribution to the childrens' playground near the Tower.

The programme is varied and incorporates successful events from last year, plus some original ideas:

Saturday, 23rd February: **Black and White Disco** with the Powerhouse Disco Roadshow (Ballroom, Boland House, 19.30; 90p admission).

Sunday, 24th: **Sponsored Treasure Hunt** around the city. Meet at the Anchor Pub at 12.00 for departure on foot at 13.00. Champagne prizes kindly donated by the Anchor.

Monday, 25th: **Film "Looking for Mr. Goodbar."** (Physiology Theatre, Medical School, 19.30; 50p donation).

Tuesday, 26th: **Panel Game,** loosely based on "Just a Minute", starring members of staff. (Anatomy Theatre, Medical School, 18.00). **Inflam** and **Collection** in aid of Nightline (Boland House Bar, 2.00).

Wednesday, 27th **Tug of War** and **Wheelchair Race** in the Park and near the Tower, starting at 12.30.
Barn Dance—greatly enjoyed last year. (Ballroom, 20.00, 80p)

Thursday, 28th: **Charity Lunch** in the Ballroom, 12.00—14.00.
Real Ale Night starting at 17.00 in The Bar Extension.
Live Band in the Bar from 20.00 approximately.

Friday, 29th: **Charterhouse 'Leap' Disco** in the Ballroom during the evening.
Collection on London Bridge Station, in fancy dress, during rush hours.

Saturday, 1st March: **Grand Charities' Ball.** Featuring Rod Hamer's Jazz Band (following their excellent performance at the Hollywood Ball), plus supporting Disco. Hamburgers will be on sale and a bar available on the first floor; we hope to provide a bar upstairs during all dances held in the Ballroom. Tickets for the ball cost £1.50 in advance or £1.75 on the door. Informal dress.

Charities' badges and magazines will be sold during the week.

These events have been arranged with two aims—apart from raising money, we hope to increase the communication between all students at Guy's. Do support the events and help to beat last year's total of £1000.

Guy's And St. Thomas's

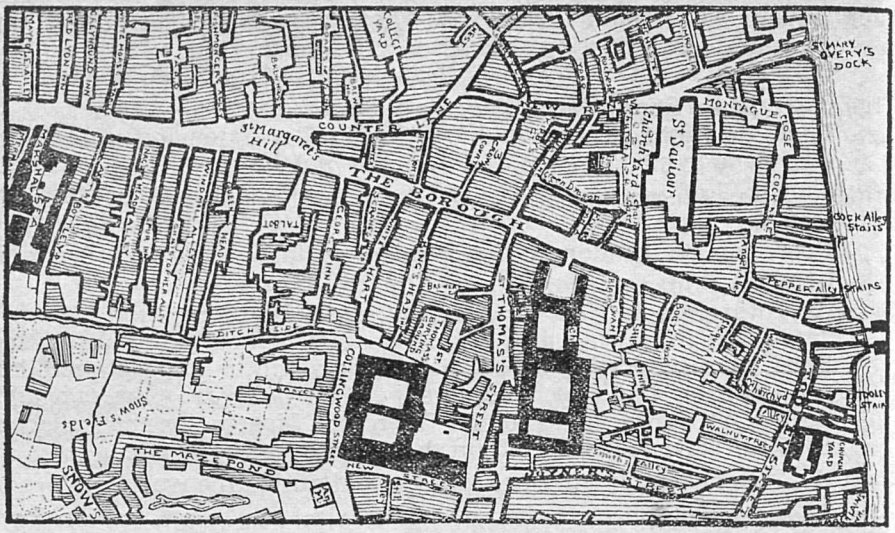
by Mr. T. L. T. Lewis

This is the first of two articles based on an address given by the author at the 1979 United Hospitals Dinner.

For a century from the time of its foundation in 1725 Guy's hospital was closely linked to St. Thomas's. Thomas Guy, in fact, originally intended his hospital to be a part of St. Thomas's where he had been a Governor from 1695.

From 1768 the two hospitals, one on each side of St. Thomas's Street, were known as the United Borough Hospitals, but in 1825 they quarrelled and a separate medical school was formed at Guy's. At first students attended both hospitals but this came to an end in 1837 when a fight involving Guy's students broke out in the men's operating theatre at St. Thomas's. Finally in 1862 St. Thomas's moved away from the Borough, due to the extension of the South Eastern Railway through the north-western part of their property and due to the difficulties arising from a rival hospital across the road.

In order to cultivate the old friendly relations between the two hospitals the United Hospitals Dining Club was founded in 1828 with an equal number of members from each hospital and an equal number of general practitioners and staff. The Club has dined regularly ever since and on November 1st, 1979, the 545th meeting was held at the Innholders Hall, College Street, E.C.1. By tradition the Chairman recounts for members and guests the story of the foundation of the Club and some of the events which led up to it. On this occasion it was my turn to take the chair and make the speech. It has been suggested that *Gazette*



After John Rocque's Plan, 1746.

readers might be interested in the historical facts I related, and I therefore enclose the following:

To begin at the beginning. F. G. Parsons in his *History of St. Thomas's Hospital* and, more recently, Russell Brock concluded that there was an "infirmarium" in the Priory of St. Mary the Virgin on the site now occupied by Southwark Cathedral. In it were treated the sick inmates of the Priory, local inhabitants of Southwark, and travellers on their way from the channel ports to the city of London, who converged on the southern gate of the Bridge which was shut each evening at sunset. Remember, this was the *only* bridge across the Thames and it had been in existence since the conquest of the country by Claudius in AD 43. Brock reckons that there was a separate building in the Priory *before* the arrival of William the Conqueror, in which primitive healing was undertaken by the Augustine Canons. They were a less strict order, specially adapted by their leniency to minister to the sick. He says, furthermore, that he feels sure that Rahere visited the South Bank infirmary, before he founded St. Bartholomew's Priory and Hospital in the City in 1123.

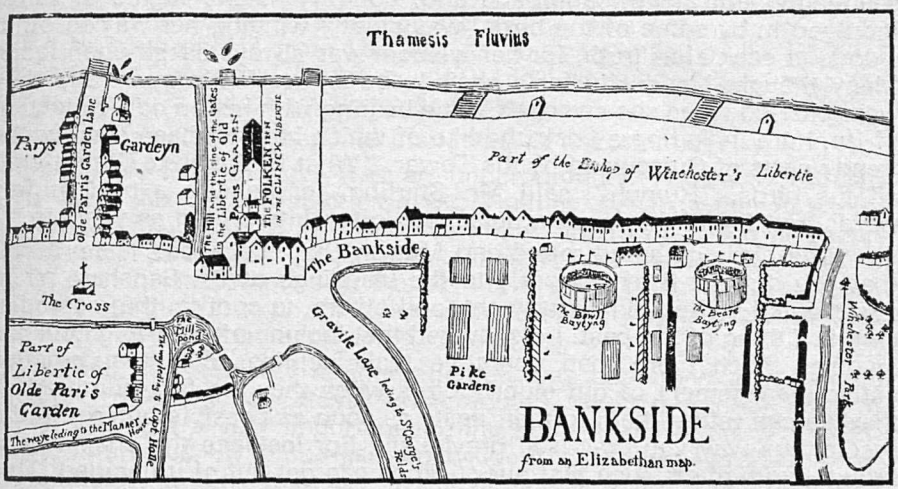
More than a century after it first existed the South Bank infirmary was named St. Thomas's Spital after Thomas à Becket in 1173, the year of his canonization. The Archbishop had in fact built additional accommodation for the sick in the Priory before Henry II made the celebrated remark "who will rid me of this turbulent priest?" that led to his death in 1170, and it was logical that it should be named after him.

The Priory of St. Mary the Virgin was also known as the Priory of St. Mary Overie—which probably means the one "over the river" to distinguish it from several others of like name. But this does not prevent us from recounting the legend that grew up over the name and was recorded by Linstede—the last Prior before the Priory's suppression by Henry VIII.

Mary Overie was an attractive Saxon maid living in Southwark with her father John and helping him ferry travellers to and fro across the river. John was a miser and grew rich, but would not release his daughter to marry the handsome young knight with whom she was in love. John became so niggardly that one day he feigned death, thinking that with a dead man in the house the household would fast and thus save him money. However, the servants were so delighted when they thought he was dead that they began feasting and drinking his best ale. At this John rose in a fury from his coffin, covered with the shroud. Seeing a ghost a burly man servant hit him on the head with an oar converting him into a genuine corpse. Mary inherited all John's wealth and, of course, sent for her lover—who, in his eagerness, fell off his horse and was killed. Mary was so affected by the deaths of her father *and* lover that she founded the convent into which she retired and ended her days.

In the year 1212 much of Southwark was devastated by fire and the hospital was entirely reduced to cinders and ashes. Peter de Rupibus, Bishop of Winchester, who had a house on Bankside near to the Priory collected money in return for "twenty days of penance" and built a new hospital.

He chose a site on the East side of the King's Way or Long Southwark, now the Borough High Street, a hundred yards away from the river "where the air was purer and the water more plentiful". There St. Thomas's remained for six and a half centuries until 1862. Bishop Peter's promised indulgence continued to be effective for at least a century, and there was a flow of gifts of valuable land to the hospital.



From Thomas Allen's "London," 1837.

At this point I am forced to leave you with a mental picture of the ancient hospital, now separated physically and spiritually from its Priory. It was built on thickly wooded marsh land intersected by dykes and

surrounded by a deep ditch. On the eastern boundary, across the ditch of Southwark, was the house of the Abbot of Battle with a maze of gardens. This is still shown by the road, the Maze Pond. Imagine its picturesque two storey buildings of rough hewn oak timbers, roofed with thatch, arranged in monastic cloisters round a series of garths or squares. There were dormitories, a chapel and belfry, kitchen, bakehouse, brewhouse, refectory and a graveyard. In the early days the sick lay on rushes laid on the floor, beds not being in common use until the mid to late 13th century. The staff consisted of four canons and three nuns, presided over by a master and a considerable number of lay brethren who acted as surgeons, porters, brewers and cooks; and lay sisters who acted as nurses. Physicians and apothecaries were canons in holy orders; surgeons were lay-men who carried out blood-letting and the application of leeches under the instruction of physicians. They dealt with such diseases as typhus, small-pox, plague, dysentry, sweating sickness (influenza?), leprosy, and abcesses of all kinds. Syphilis, the Great Pox, and other venereal diseases were either not common until later or not separately recognised. The staff were kept very busy when you realise that, apart from tending and feeding themselves and the sick there were three services a day to be sung, confessions, extreme unctions, funerals and begging to be done.

Greenpeace In Guisewood

by Dr. D. Corless

Matron Owl had become greatly disillusioned by Mr. Starling's seemingly radical new approach and, contrary to the flights of fancy indulged in by some of the birds, was quietly winging her way to other woods to seek after truth, for her wisdom was always based upon facts. Many thought her desire for a chair to be an academic quest and they were puzzled when she swooped home bearing with her an odd collection of furniture including a chair the like of which had not been seen in the trendy parts of Guisewood by the Tower. "What is she up to?" twittered all the birds. "Humph", said Mr. Starling, for he was a bird of few words and found that such a noise was often interpreted as wisdom.

The birds gathered round and Matron Owl explained: "I am afraid that you did not listen properly to the teachings of Dr. Sanshart for in my travels I visited his department, and others, to confirm that custodial care is a thing of the past. I discovered that looking after ageing cuckoos involves much more than operative technicalities. We must practise active management of our elderly birds when they are first admitted so that we can return them to their nests as soon as possible but not in the precipitous way you practised previously! For instance the chair I have brought with me is such that our cuckoos can get out of it unaided. This is one small detail of the holistic approach. In fact we need to re-plan our consulting nests to rehabilitate old birds. If you had understood Dr. Sanshart's teachings you would have realised that he advocates active management and not the type of custodial care you, in your "enlightenment" have perpetrated upon us. No wonder the waiting lists grow day by day." This was a long speech for Matron Owl; her motto was "Faire

sans dire". She set to with her colleagues and re-organised the consulting nests. The birds were taught not only to regain the use of their wings but to wash, preen and feed themselves so that they were ready for early discharge. Thus sanity was restored.

The whole exercise was helped greatly by guidance offered by the tribe of elephants who lived in the ivory tower (HN(79) 35). "Humph," said Mr. Starling. Matron was not fooled by this comment and suggested that he too should spend an elective period in Dr. Sanshart's department. Mr. Starling's reply was lost in asterisks but Matron Owl's nursing colleagues thought they heard her mutter: "Eyes have they and see not, ears have they and hear not," but they could have been mistaken.
Moral—Do not condemn the prophet as false if you misinterpret his message.

Interview with Professor Adams

William van't Hoff interviewed Professor A. P. Adams, newly appointed to the Chair of Anaesthetics at Guy's

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Gazette: Could you outline your career for our readers?

Prof. Adams: Yes. I graduated in medicine down the road at St. Thomas'. At that time the University didn't think too much of pre-registration jobs there, basically because one of them had to be in the Casualty Department. The experience there was so poor that I, together with many of my fellow students, resolved that we weren't going to waste a lot of time in order to get on at St. Thomas'. So I did my house jobs at the Royal Devon & Exeter Hospital which, like a lot of hospitals, tended to have people from London. As you can imagine, the hospital was in a very nice part of the country and I enjoyed it immensely as well as seeing a lot of medicine and surgery.

Gazette: When did you become interested in anaesthetics?

Prof. Adams: Ever since I was an undergraduate. I always resolved to go back and do anaesthetics at St. Thomas' because that is where my enthusiasm began. But having seen how much I could do at Exeter I decided not to apply for a job at St. Thomas' and instead obtained an S.H.O. post in anaesthetics in Exeter. From there I became a registrar at another Cathedral town, Salisbury, where one of my consultants said that I ought to go abroad or do some research.

Taking this advice I applied for and was appointed a Wellcome Research Fellow at the Royal Postgraduate Medical School and, of course, this was a very important turning point in my life. I was particularly interested in blood-gas analysis at that time (1964) when developments in this field, as far as clinicians were concerned, had just appeared on the medical scene and patients had begun to be treated by using the approach developed by Siggard-Andersen & Astrup. It was because of this interest that I was appointed to the post as the Postgraduate Medical School was very much orientated along these lines. I entered up for a Ph.D. there, which was the first such degree done in the department.

After that I became senior registrar and clinical tutor at the Hammersmith Hospital which is closely allied to the Postgraduate School. The academic climate at that time was very bleak. One of the problems was that academics were paid much less than their equivalents in the Health Service—a problem that still exists. Also the prospects of higher employment in academic anaesthesia were not very rosy.

I was then appointed to a somewhat unique position in the Nuffield Department of Anaesthetics in the University of Oxford. It was a joint appointment as a consultant anaesthetist and as a clinical lecturer in the University. It meant that I could pursue research while also having clinical responsibilities. But I was paid by two masters and, of course, its very difficult to hold down a job in those circumstances so I had to work very hard.

I stayed in Oxford for nearly 12 years. The natural evolution of that sort of appointment is to have one's own department and that's how I came to Guy's.

Above: Professor & Mrs. A. P. Adams

Gazette: What are your impressions of Guy's and its students?

Prof. Adams: My immediate impression (and I still hold it) is that Guy's has been a most welcoming place. Several visiting professors have been here since I arrived and have helped to crystallize my thoughts

on this. One of them, an American, said that directly he stepped into Guy's he saw a unique "village atmosphere". I think this is very important and has obviously contributed to the feeling people have about Guy's. It's a very unifying force.

You don't see this in Oxford although, I dare say, if you're a don in an Oxford college you may experience something similar. But that experience is denied to a lot of people at Oxford, myself included.

There are many more students here than I have been used to. You get a very good impression of a busy atmosphere seeing students rush around doing all the sorts of things that I used to do as an undergraduate.

Gazette: Do you think medical students of today are any different from those in the past?

Prof. Adams: Well, I think the medical students of today are more questioning than they were in my time. I think the status of the medical profession and of the consultant has altered; some would say it's altered for the worse. But one of the features is that students are more likely to argue and be critical of their teachers than formally and I believe this is a very good attitude.

Let me give you an example. About a year ago I was in the intensive care unit of my hospital and the Professor of Medicine, who is a very distinguished haematologist, was talking to one of my senior registrars and to one of my S.H.O.s about disseminated intravascular coagulation. After about 5 minutes the argument got so fierce that the Professor was eclipsed: the argument was solely between these two doctors in training. One of them came from the Oxford Clinical School, and the other was a graduate of Birmingham Medical School. I think this is an extraordinary healthy change that two junior doctors can argue and completely eclipse an eminent professor. This sort of thing was very rare a few years ago.

Gazette: Could you describe the course in Anaesthetics at Guy's?

Prof. Adams: The students here are exposed to anaesthetics very early and I think this is excellent. The Senior Lecturer in Anaesthetics, Dr. John Wedley, is very much involved with the Physiology Department. I think it's a very good thing that clinical subjects come across to preclinical students. If you can understand what physiology and pharmacology are in the living sense, applied to patients, then you become more interested, I think. The teachers in the preclinical period (and in common with many others I don't like the word preclinical) welcome this involvement of clinical science with basic medical sciences.

We provide a demonstration once a year to the preclinical students—this is done with the Pharmacology Department. We used to run a demonstration on the effects on nitrous oxide and this was rather like the ether frolics or gas parties of the days before anaesthesia. I've tried to improve things this last term and we ran a demonstration on the effects of muscle relaxants on the isolated forearm of one of my registrars who volunteered.

The clinical students come here in 2 week blocks and I think they enjoy the course. I must make it clear the function of this Department is to teach students to resuscitate and to look after unconscious

patients; to appreciate the mechanics involved in setting up drips, doing blood gases etc. We also want to train them in the use of analgesia. Perhaps the most important of all is to understand the problems involved in assessing patients for operation and their care afterwards.

Anaesthetics is fun. It's one of the disciplines where students can actually do things for themselves and really this is what got me interested in it. They get a lot of opportunity to pass endotracheal tubes, hold masks and maintain the airway during operations because we have a wealth of talented consultants here who are very much involved in the practical training of medical students.

Gazette: At present, the 2 week anaesthetics block is undertaken during Professor McColl's surgery firm. Is this a good arrangement?

Prof. Adams: It's very difficult to do both at the same time and the competition for a joint period causes problems to both departments. I think both Professor McColl and myself would like to try to rationalise this situation.

I believe the undergraduates here would also like to see more in the way of tutorials, rather than just one or two introductory lectures. The formal lecture hasn't always impressed me as a method of teaching.

Gazette: Have you any general comments on medical education at Guy's?

Prof. Adams: Well, I have looked at the clinical course in detail on paper and there isn't anything that alarms me in it.

Everybody is looking for changes in medical education and I think one must always be careful about making a change with the best of motives—so often it is the case, isn't it, that people regret it later. The re-organisation of the Health Service and the introduction of the Salmon structure for nurses are two examples.

I realise that Guy's has decided to do away with the 1st MB course and I think that this is a pity. There's no doubt that it has been of great benefit to quite a lot of doctors. I can appreciate that the economic climate has forced this situation otherwise I'm sure it wouldn't have happened.

Gazette: As you know, last year Guy's was at the centre of a political storm concerning our Area Health Authority overspending. This year the Flowers Commission is due to report. What are your views on the N.H.S. cuts and what do you think of the future of Guy's?

Prof. Adams: Everyone knows that the N.H.S. is underfunded. However much money you dream up and pour into it, there is going to be a problem—it's a bottomless bucket. We've got to decide what sorts of health care we can afford and be fairly determined about it.

The Royal Commission rejected the idea of raising money for the Health Service outside of taxation; although Mr. Patrick Jenkin [Minister of State for Health & Social Services] has now been encouraging hospitals to raise money by voluntary efforts. I think this is a good thing. The more the community is involved in its own health care, particularly the problems relating to hospitals, the greater the warmth of feeling between those who work in hospitals and those who are or will be patients one day.

It's unthinkable that Guy's would have anything other than a rosy future, and, as I have just come here, I'd hate to think that I wouldn't be gainfully employed for years to come. The University has done a lot for the Medical and Dental Schools and this obviously reflects on the fact that their management is extremely good. As far as medicine is concerned, the problems come from the acute and, indeed, chronic shortage of money in the University. Cuts will have to come; there will have to be a rationalisation of teaching hospitals in London.

There are a lot of rumours going around but I think it's best if we wait to hear what Flowers says.

Gazette: Many people feel that research should be curtailed in the present economic climate. What are your views?

Prof. Adams: Research funds have always been difficult to come by in the United Kingdom and now it's also bad in the United States. There is a worldwide cut-back on research.

Having said, that there is money available and I like to think that properly worked-up research projects, especially those that have an obvious clinical application, will still receive sympathy and funding from the various grant bodies.

Gazette: Last year the Medical Research Council cut back on the numbers of grants available to prospective B.Sc. students. This year the signs are that they will do the same. Does this worry you?

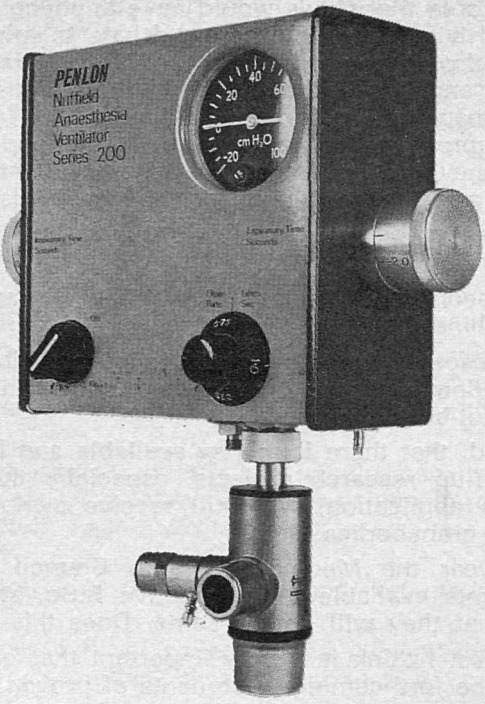
Prof. Adams: Yes. I think it is very important that opportunities to do a B.Sc. should be forthcoming to students of proven ability. A cutback is a very serious matter and I deplore it.

The other side of the argument is to say that the possibility of doing a higher degree, such as an M.D. or a Ph.D., will present itself. I think, generally speaking, that if you have done a B.Sc. you are perhaps less likely to do a higher degree later. On the other hand you have to be extremely motivated in later life, especially if you have a family, to work for a higher degree. A lot of time is involved and you're not getting the same salary as you are in a comparable job in the N.H.S.

Gazette: What are your particular research interests?

Prof. Adams: I have already mentioned my interest in the clinical aspects of blood-gas analysis and acid-base balance and, in particular, the technology involved in making these measurements. I recently wrote a book with Dr. Hahn, my physicist colleague in Oxford, called: *"Principles and practice of blood-gas analysis"*. We still are interested in these problems particularly in the postoperative period. We want to look at the cardiovascular and respiratory status of patients after surgery and this is a long-term study.

The other subject I have also been interested in is lung ventilators and the physiology of ventilating. I have been involved in the production of both adult and paediatric lung ventilators, paying particular attention to machines that are compact, simple and easy to understand. When I started anaesthetics the available machines were not that good at doing the job for which they were designed. They were very complicated, mysterious to operate and expensive. I think I can claim to say that we've demolished a lot of that sort of technology.



Above: one of the ventilators developed by Prof. Adams

We are also interested in the department in the pharmacokinetics of analgesic drugs, especially some of the new synthetic agents. The pain problem after operation is one which the profession at large has been slow to come to terms with but a lot of people are getting interested in this field.

Gazette: Do you have any research links with other departments?

Prof. Adams: Yes, Dr. Chamberlain in the Department of Clinical Physiology is very much interested in the isolated heart preparation and we are involved in looking at the effects of the new anaesthetic agents on this preparation.

I set up a group in Oxford in this subject which blossomed to the extent that I have left the group behind and they are probably going to go their own way now. I am reconstituting the other half of the group at Guy's and I would very much like to take advantage of the skills in the Pharmacology department here.

Gazette: What future does anaesthetics hold for the graduates of today?

Prof. Adams: Anaesthetics used to be known as a shortage specialty. The reason was, I think, poor public relations. The Faculty of Anaesthetists and Association of Anaesthetists have done a lot of work in the past few years at putting this right.

I think that the postgraduate training is probably the best of any specialty, not only in the nature but also in the organisation of training. A lot of highly talented doctors are either in or coming into anaesthetics because they are interested in the clinical physiology and pharmacology in the subject. Also we are very much involved in the pain and intensive care field, so I think a career in anaesthetics is extremely attractive.

Gazette: What other interests do you have?

Prof. Adams: Well when I had time on the house at Exeter I used to lead badgerwatching expeditions onto the moors which was great fun. Now, however, pressure of work has led to severe curtailment of these expeditions.

Gazette: Besides the opportunities for badgerwatching are not excessive in the Borough of Southwark!

Prof. Adams: Yes, it's more difficult here! I am very interested in English castles and if I am going to a meeting I try to take in one or two of our ancient monuments. I now have a slide collection showing the development of castles from the old Motte and Bailey type, through the various types of fortification up to the fortified manor house.

Of course, these places are usually derelict or desolate and in the last few years I have got very interested in English country houses, so when I have time I try to visit those.

Gazette: Professor Adams, thank you very much.

Indian Summer

by **Oliver Penney, Rob Cook and James Rankin**

In an area a tenth the size of Africa there are more people than in all South America and Africa put together. In India a huge and fascinating population is concentrated, the vast majority of which is undernourished and unhealthy to an extent the West cannot readily appreciate. In Britain, as fortunate recipients of N.H.S. care, we have at least £100 allotted per person per year, a 1970 estimate put the equivalent sum in India at about 50p.

So having made the most of our share, we set off with our rucksacks stuffed with multiple potions and pills, gallons of kaolin and our bums reassuringly sore from the gamma globulin. For six weeks we undertook a "study tour" on several aspects of Indian medicine, based at the Bombay Hospital Medical Research Centre, where the Directors's speciality is the study of ageing—gerontology. This is a new science in India since only now does the age structure of the population resemble that of England in 1901, and particularly interesting there as, in Dr. Pathak's words: "the traditional reverence for the aged still prevails, though it is dwindling with modern industrialization, urbanisation and consequent individualisation. The old joint family system is getting shattered." Besides the time we spent observing and assisting with Dr.

Pathak's research, we spent some time examining wider aspects of Indian medicine such as nutrition. The average calorific intake is about 2000Kcal a day (U.K. 3300) in India. Of this the recommended minimum protein intake is 40g, of which 20g should be first class protein. For most vegetarians the best source of the latter is milk, but despite the largest cow population in the world there is only enough to give each Indian 5–7 oz. or 5–7g protein a day. Our practical experience in this field can be attributed to kaolin and to a potent preparation called pan. This valuable source of calcium contains betel nuts, lime, menthol, and several other bits and pieces (said to include cocaine occasionally), wrapped in betel leaves and sold by the side of the road between the banana and coconut stalls. Responsible for the red spit marks found on every wall, they are said to aid digestion. We were invited to supper by one research assistant and he produced three pans, proudly telling us his father used to consume 60 a day. James turned green at the first bite and demanded an immediate explanation for these horrible habits.

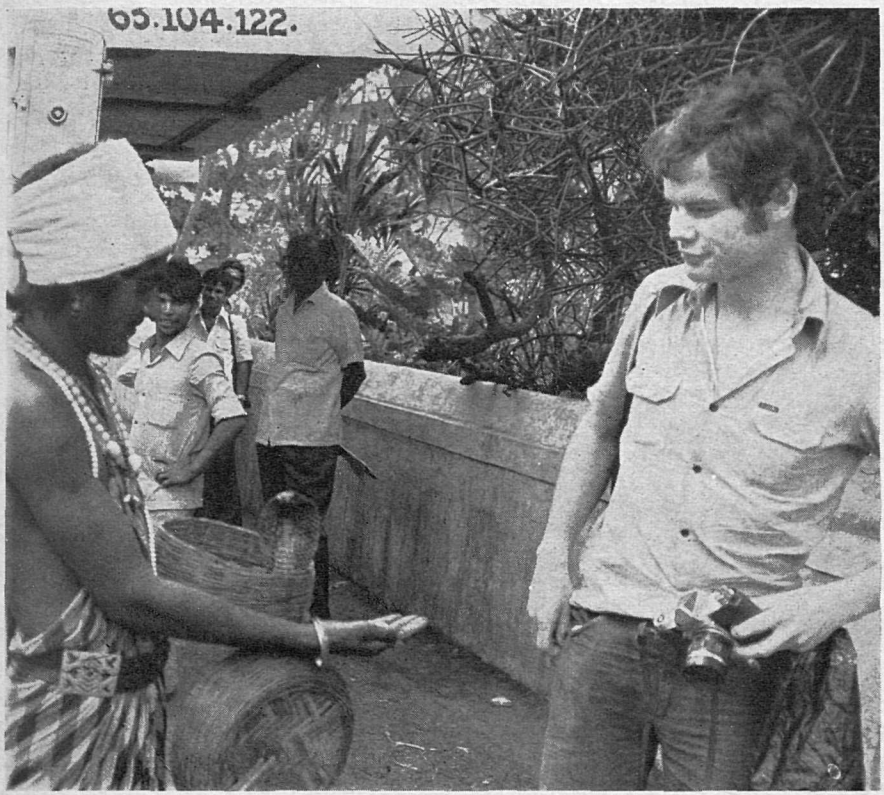
When not at the research centre, we visited several other establishments, and at the Grant Medical College mused over the lot of an Indian student whose education at £20 a year permits smoke drums instead of oscilloscopes and a surgical out-patient department with an average morning turnover of 1.000 patients. More surprises for our hygienically-inclined Guy's attitudes were the "floor" patients lying between beds when these were full (an idea to reduce N.H.S. costs and waiting lists?). We spent some time studying rural medicine, of which sterilisations form a large part. A vasectomy or tubectomy is worth 125Rs (£8) or 300Rs if you have no card (and do not mind the flies in the operating theatre). Despite this generous incentive the birth rate is still way above the projected value. In a unit of 100,000 about 1,200 sterilisations are performed each year—half the amount carried out during the emergency period.

The primary health unit is a sub-unit of about 10,000 patients, one doctor and seven paramedics with eighteen months training.

Traditional medicine is practised widely alongside Western medicine. "Ayurveda", (Life Truth), has been passed down from the Vedas, the most ancient Indian literature. We visited one Ayurvedic hospital, where we saw a typical curative procedure—a naked man being pounded all over with bags of rice and milk. Though some Western drugs are used most are made from natural materials such as herbs, bark and stone. We sniffed the vapours from the cauldrons, and wondered whether the ancient medicine men knew something we do not about the therapeutic effects of inebriation.

Before returning home we allowed our feet the absorbing and exhausting luxury of wandering. The wide spectrum of street life in India never fails to fascinate and amaze the traveller. From the holy men in orange (Saddhus) to the deformed beggars, the rushing clerks, pot-bellied children, the seething crowd is full of vitality, the noise and smells add a dimension not easily conveyed on paper. And at night it changes; in Bombay on the pavements, stations, and parks are sleeping bodies, some covered with blankets, some roofs and many nothing at all. In the monsoon the slums flood and the squalor is greater.

Even in Metropolitan Bombay one can always "expect the unexpected" as one Indian brochure described Kashmir. James turned his head in a bus queue to find a cobra's head six inches from his nose wrapped around the neck of a grinning Indian who was holding his hand out for money for the snake festival. You have to be quick as they follow you. But most snakes are harmless and bored. You can occasionally see a charmer bash his snake on the head with his flute when he will not stand out of his basket.

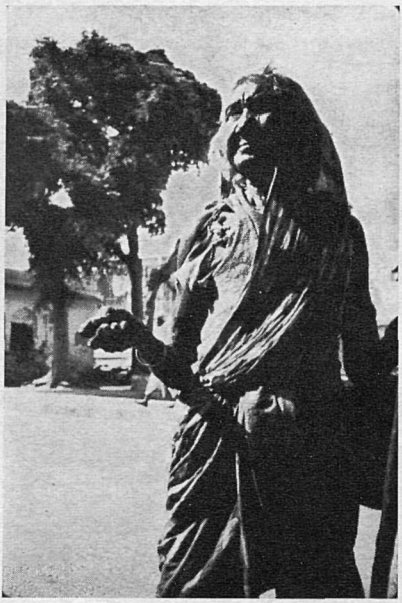


Above: How many rupees is a Bombay snake charmer worth?

We soon discovered that we too were the objects of amazement, especially when wearing shorts. Up to thirty or forty Indians would often gather around—mouths gaping. The bravest would say "You: poor man?", followed by: "Then why you wear underpants only?" White skin provokes various reactions off the beaten track. "So you are a missionary?", Robert was asked in one village.

Naturally we were also regarded as a potential source of income. At stations we would be approached by rickshaw-wallahs and purveyors of all sorts of merchandise—peanuts, postcards, nice girls, illicit

currency, etc. Every one of them was "an honest man", and we were complemented without fail on our "good taste". One particular purveyor of "cheap hotel" gave us a soiled card on which handwritten was the name of his hotel, and on the reverse printed "Utkarth Shah"—insurance agent. Persistence clearly is also rewarding. James and I were once followed for a good two miles by shoe shine boys trying to black our gym shoes.



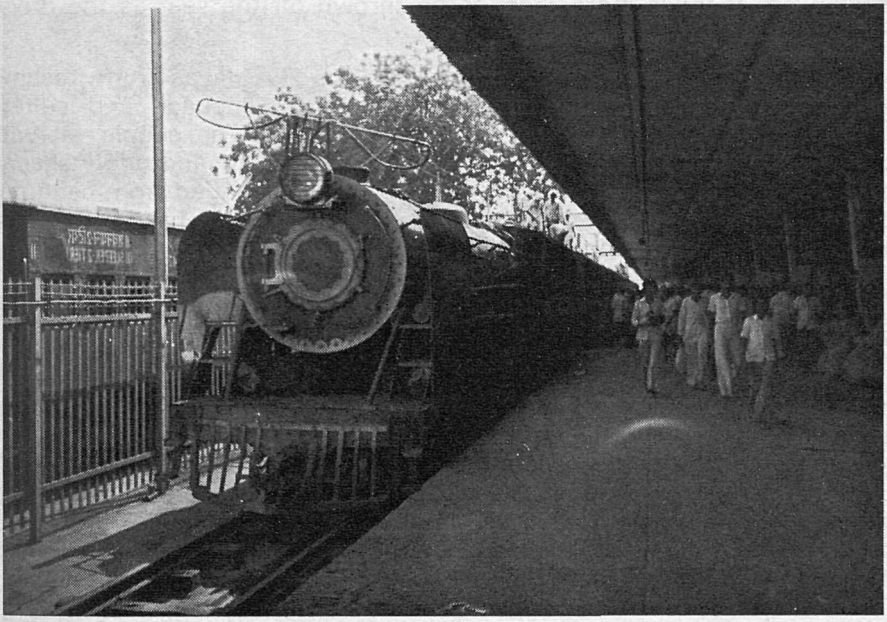
Above: One of India's many beggars

Train travel in India is itself an interesting experience. Each station has its own permanent village, sleeping, washing and searching each other's hair for lice as the crowds rush by, and the four-hour long queues stretch up to the barred window behind which sits a harassed clerk handing out tickets under his buzzing fan. We had fifteen tickets, between three of us on one journey. Red tape has to be abided by in India, as we discovered to our cost when I lost the receipt for the luggage room. I was told by the same clerk who had helped me load the rucksack that morning that the only way to claim it would be to go through the courts in two days time. James rashly invented a flight the next day and we were directed to the Stationmaster's office. He could do nothing but directed us to see the Sub-stationmaster, who directed us to the Senior Collector's office. He advised us to see the Sub-ticket master's office, and he the parcels office. After three more referrals we had arrived at the sidings, so returned to the Stationmaster suitably aggrieved, who was enlightened enough to let us bribe the luggage boy. This red tape dividing everything into compartments of class, taste and sex pervades Indian society. The other scrape with it was also in a station.

Robert and James were quietly sitting in a carriage admiring the saris only to be hauled out by the railway police and questioned for half an hour before being let free (without paying a bribe).

The benefits of travelling by train outweigh the disadvantages; even waking up with belongings, hair, throat and alveoli generously coated with coal dust can be endured. Most local trains are steam, and are packed out by villagers, leaving not an inch of space even on the roof. James and I took the train through the desert to Jodhpur on which were villagers en route to the Ram Devhra festivals. The Rajasthanis love surrounding themselves with bright colours and jewellery. The women all have ankle rings, golden nose rings and arm rings up to the axilla. Without exception the men grow magnificent moustaches, and will adjust them if you show your camera. With drums, flags, and portable temples they invade the platform, and dance rhythmically to bells and wails for the odd rupee before the train comes to take them to the festival in the heart of the desert between Jodhpur and Jaisalmer.

The pleasure of an Indian train lies in its civilized pace. On your berth under the fan one can watch villagers and oxen drift by, with no worries about missing a station, each of which is volubly announced by a cacophany of "Char-wallah" shouted repeatedly as a cracked cup of sweet tea is proferred through the window; followed by peanut-wallahs, shoe-shine boys, and pathetic mothers with tiny kids around one arm while the other is held at the window.



Above: Indian express in Rajasthan!

Left: Ladakhis harvesting at Thaksi

Bus travel is physically more demanding. As it arrives, suitcases and bodies are propelled through every available door and window. Those unfortunate enough not to be one of the multitude inside the bus hang on the outside. When those without tickets have been ceremoniously thrown off, there is more room to be thrown off the seat as the driver negotiates the pot holes.

Robert and I travelled this way into the Himalayas from Kashmir to Ladakh, a once autonomous region whose language and culture resembles Tibet more closely than it does India. The people eat with chop sticks and wear long curved shoes for the snow and oddly shaped hats. Their appearance has been by and large unchanged from centuries past and, in fact, life in the villages is still largely run by the Buddhist monasteries, where lamas start at 10 years of age. The region is at a very high altitude (11,000') and the stark green, purple and grey rock lies completely barren under a bright blue sky, hot by day but freezing by night and in winter.

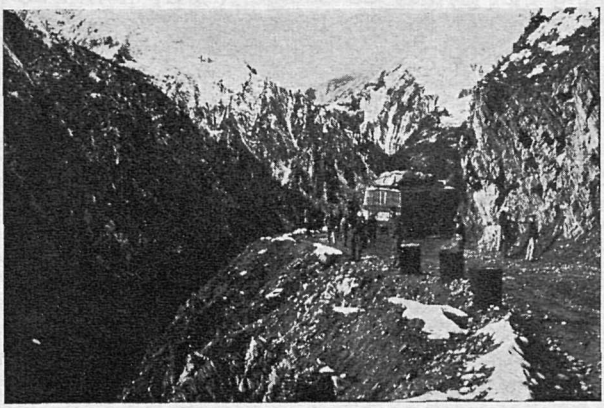
The journey there in the cramped local bus takes two days. It must be one of the most spectacular rides in the world. After a gradual ascent from the beautiful green vale of Kashmir, the road takes a turn to climb over the Zojila pass at 14,000'. The road hairpins up the side of the mountain, frequently strewn by boulders and blocked by landslides, and the gears grate as the bus occasionally slips back and briefly bumps its way to the top. The untarred road was carved out of the rock for military use in the 1950s, and one has to stop frequently for convoys of up to 100 trucks. After a stop in bed bug ridden Kargil the journey towards Leh starts at 4 a.m., and a brilliant sunrise lit the

snow tops and coloured rocks. Like Nepal, prayer flags (a neat Buddhist device for letting the elements say your prayers) are planted on every house. Each flag has a prayer stamped on it with blocks from the monastery. The cornfields around the villages seem less frequent than the shrines, dotted around like mushrooms. Somehow the Ladakhis survive with their corn and their yaks to live what is apparently a happy existence, if one is to judge by their easy grins and friendly invitations to try their alcoholic "chang". But the winter is very hard, and old women with blankets on their backs collect every scrap of paper, wood and cow dung for the winter. They have learned to enjoy hard work; as they throw the corn up to separate the grain, the men sing one melody and the women the refrain.

Dazed by the altitude peeling our skins, burning our eyes, and our ears buzzing, we stayed in a monastery where just as in the monsoon one shouts, here one whispers; it is so quiet except for the flap of the prayer flag.

Here the lamas have no running water or electricity, and the gap in the latrine wall frames the Himalayas. We saw the local head lama arrive by donkey to be greeted with incense, drums and kissed feet, and only the digital wrist watch he wore brought us back to reality. In fact any lama worth his salt has one, and as package holidays of European tourists swamp the monasteries the inevitable modernisation will change the Ladakhi way of life, very quickly.

Before returning to England we were accosted in a park in Delhi by four ear cleaners who extracted what rubbish they could from our ears and pockets after tickling our ear drums. So we finished possibly no wiser but no one can deny we did return a little more aware of the world about us.



Right: Zojila Pass

A Nurse Counsellor's role at Guy's

Julia Fabricius, writing in last month's *Gazette,* spoke of nurses' needs, other than those which are financial. I see many nurses for counselling, and they do complain of the things Julia mentioned: not being allowed to care for the patient as a person, the hierarchical structure which treats them as pairs of hands with no feelings attached, and not feeling able or allowed to care for dying patients as they would like. Julia went on to say:

"It seems amazing that the members of a profession that is meant to be able to care for people are so unable to care for each other that they need to employ professional counsellors." I would agree that there seems to be a shortage of the quality of caring in the nursing profession, and that many trained nurses and learners feel as if they are treated by the hierarchy as nurses rather than people. Much more could be done in the immediate work situation to help people who are in distress, particularly over the care of patients. But there is a limit to the time, the energy, and even the experience of the most caring members of the nursing profession, and that is where I come in. I differ from Julia in thinking that there *is* a need for someone whose designated job is counselling, and only counselling.

People come to see me rather than a work colleague for a number of reasons. I am outside the structure of the hospital, and have no responsibilities other than counselling, so that people feel they can talk to me about, for example, the possibility of leaving nursing, without feeling that if they do decide to stay it will be held against them. Or they come for specific information, on such widely divergent matters as how to apply for a University place, or how to join a theatre club. Or they come for very personal help, with problems of relationships and often of sex. They need confidential help from someone who is used to dealing with a wide variety of very personal problems. Certainly some people are good listeners, but for most people listening carefully is exhausting, and that is only the start of counselling. Counselling is very different from nursing, from social work, from offering advice, and from a good chat with a friend.

Although the post of Nurse Counsellor was established at Guy's in 1973, and there is a similar post at St. Thomas's, to my knowledge no other hospital yet employs a full-time Counsellor. I wonder what happens to unhappy people in those other hospitals. I know I am kept busy, even though I am lucky enough to have the part-time help of a trained Counsellor, Hilary Greaves, who works here in an honorary capacity. Although we are primarily here to see nurses, about 20% of the people we see are not nurses, but other people who work in Guy's District; clearly there is room for a lot of expansion in this area, if we had the time.

I think Julia is right to wonder what has gone wrong with staff relationships. If they were improved, and people cared a bit more for

each other, noticing when someone was looking unhappy and trying to do something about it instead of looking the other way, my work would be cut down. But it would not disappear; nurses cannot be all things to all people, though sometimes I feel they think they ought to be. This is why I feel that employing a Counsellor, far from being a sad indictment of the hospital, is a caring and far-sighted act, let's just hope other nursing staff develop their caring abilities too.

DIANA ANNANDALE-STEINER,
Nursing Counsellor.

Physiotherapy

The Council for Professions Supplementary to Medicine is the statutory body which controls the education, training and ethical behaviour of Chiropodists, Dietitians, Medical Laboratory Scientific Officers, Occupational Therapists, Physiotherapists, Radiographers and Remedial Gymnasts. Two of its working parties have been painstakingly putting together strategic papers dealing with the future of the Council itself, and with education and training in the 1980's. The latter group, the Higher and Further Education working party, have recently published their report: "The Next Decade", and this is currently the subject of debate within the professions, education circles and ministries.

The key proposal is a transfer of responsibility for financing the Schools from health ministries to education ministries. Comprehensive "health care schools" are suggested as an experiment in the big cities where there tends to be a concentration of paramedical students, but it is envisaged that most schools will be re-established in adjacent polytechnics or other institutes of higher education. In this case, the schools might not move bodily from their present situation but would become "off-campus" extensions of the institution. If geographical isolation precluded even this detached arrangement, special boards of governors representing education, health and professional interests should be set up. A Standing Conference of all interested parties is advocated to ensure the best use of resources and a coordinated approach.

We are adjured to make immediate investigation into the need for graduate programmes and for developing an enrolling second-tier professional grade. Physiotherapists, by and large, are seeking to become an all-graduate profession but are keen that degrees should be of the integrated vocational variety, rather than "end-on" or "top-up" courses tacked on to the present diploma course. However, there has not as yet been much enthusiasm displayed towards "tiering" which was, indeed, one of the points of disagreement with the Remedial Gymnasts when the abortive amalgamation discussions took place. Others, like Occupational Therapists, however, already have very large numbers of helpers or aides and effectively are tiered now.

One proposal that seems to run counter to tendencies elsewhere is to modify teaching as a distinctive career in the paramedical schools.

The intention is to facilitate movement between the ranks of practitioner and teacher and to encourage more people to become qualified as teachers, but unless considerable incentives are to be provided, it seems unlikely that many clinical physiotherapists would be willing to take a course on the off-chance that a teaching post might at some future date become available to them.

It has been believed that to gain sufficient academic content to make our present three year diploma course acceptable for conversion to a degree, it is necessary to extend to a fourth year, as in the case of the Ulster programme. A suggestion the Report makes is to place the clinical practice component after completion of the the degree-course and before registration so that the charge on the educational purse would be confined to three years and the pre-registration year would be funded by the health ministries. This has parallels in some overseas courses but it raises the difficulty that one is taking on students for a health-care profession but preventing them from getting to grips with the practical expression of their desire to help people until a late delayed stage in their training.

Obviously the Report will bear a great deal of discussion and will provoke some objections, but physiotherapists are likely to support the bulk of its proposals and to press the Ministries to act on them.

R. J. COOPER.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 2 months are: 17th March and 14th April, 1980.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

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Book Reviews

"Dermatology" 3rd edn. by J. S. Pegum and Harvey Baker. Pp. 278. Price £4.95. Published by Balliere Tindall.

Several textbooks of dermatology suitable for medical students are currently available. Most are of approximately the same size and content as this small volume which has been considerably updated for its third edition. The opening three chapters which concern the biology of the skin, principles of diagnosis and principles of treatment are most useful and should not be ignored by the student tempted to start with the chapters relating to specific diseases. The text is logically laid out and includes a fair deal of information for a book of this length. Nevertheless undergraduate education in dermatology should encompass an even greater wealth of facts which can perhaps be gleaned from other teaching sources while the book is used as a basic framework. The choice of photographs is excellent and in general the dermatological disorders are illustrated by truly representative lesions. Unfortunately reproduction of these illustrations on the paper employed by the publishers leaves something to be desired.

It is difficult to recommend one particular small dermatology book for the student to enjoy. Dr. Pegum and Dr. Baker's edition is certainly worthy of consideration.

Dr. MacDONALD,
Consultant Dermatologist.

"Forensic Medicine (8th Edn.), Keith Simpson. 1979. Pp. 389. Ills. 141. Tabs. 12. Price £13.50. Edward Arnold (Publishers) Ltd., London.

The first edition of Forensic Medicine was published in 1947 and was intended primarily for medical students, who in those days faced both a written paper and an oral examination in the final M.B., B.S. The only text books available came from the Scottish schools and there was thus a place for a short but comprehensive English orientated book on forensic medicine. The first edition not only achieved great popularity amongst medical students but also amongst general practitioners and lawyers. When forensic medicine was dropped as an examination subject it had no effect on the demand for Keith Simpson's book, which was rapidly gaining a world wide reputation in English speaking countries.

In spite of wide ranging changes in the law as it affects doctors and the new and rapidly changing advances in the field of forensic science and toxicology since 1947 this eighth edition only numbers some fifty pages more than the first. It follows the tradition set by its predecessors and has been brought right up to date. Some of the legislation revised must have been enacted after the manuscript was in the hands of the publishers! A few classic illustrations have survived all eight editions, but this last has many new and informative photographs.

A text book which goes through eight editions and six reprints in thirty two years speaks for itself of the deserved popularity and quality of its content. Forensic Medicine is the most useful and informative book for its size in the field and it is one which no general practitioner should omit from his bookshelf if he wishes to avoid the medico-legal pitfalls which beset general practice.

A. K. MANT,
Professor of Forensic Medicine.

"Web of Violence", by Jean Renvoize. Pp. 256. Price £1.50. Published by Penguin.

This is Jean Renvoize's second book on family violence. Her first, Children in Danger, published in 1974 confined itself to consideration of the plight of abused children and their families. This present book has wider terms of reference and includes sections on marital violence, incest and granny bashing. The bulk of the book essentially consists of a collection of quotes from "experts" victims and perpetrators together with accounts of research results. Finding my own research both misquoted and misreferenced, I am unable to recommend this book as a reliable source of data on family violence. Nevertheless it does project quite successfully the atmosphere in which many of these violent families live and has some common sense suggestions to make about how violence in future generations might be prevented.

MARGARET A. LYNCH,
Consultant Paediatrician.

Correspondence

"The Tunbridge Wells teams"

Dear Sirs,

I have been persuaded by several letters from "Tunbridge Wells" players, to write to you in order that the record be put straight once and for all.

The excellent "History of Guy's Rugby Football" by our remarkable "T.L.T.", by which we all know him, mentions—"Another fifteen organised by P. C. S. Campion and W. H. Whamond played regularly at Tunbridge Wells."—within a few weeks of our being selected—"Wally" Whamond disappeared(!) only to return to Guy's several years later as a very highly decorated R.A.F. Officer. We struggled on (cutting down saplings to make our own goalposts at Sherwood Park) and always felt the complete Cinderella of Guy's Rugby; but with the backing of Jimmy Goodliffe—Mr. Cook (and the help of the Maidstone & District Bus Company) I was able to send on average FIVE sides all over Sussex and Kent each Saturday and two on Wednesdays; we all had a great season.

[The doughty Carl Ziervogel entertained us royally at Rochester on one occasion!]

Our "home" games were played on the Tunbridge R.F.C. ground one of whose presidents was Mr. May of Borough Hop brokerage fame—hence his taking a fatherly interest in us!

If it had not been for the tremendous enthusiasm of all concerned this remarkable season would never have succeeded. I don't believe Guy's has ever mustered so many sides at a time in its whole history—SEVEN in all, each Saturday!

Yours sincerely,
PETE C. S. CAMPION

35 Barrett Street,
Wembley,
Perth 6014,
Western Australia

The Greenwood Theatre

Dear Sirs,

I note with some dismay, that both the Residents' Play and the Dental Revue did not take place in the Greenwood Theatre, but in the Physiology Theatre and Boland House respectively. I understand that both the Theatre Club and the G.&S. Society have been denied access which, in the case of the G.&S. Society presents a very real problem, considering the size of auditorium needed to accommodate their necessarily large cast and orchestra.

I had some very small part in the planning of the Greenwood when a member of the Theatre Club in the 70's. Our Presidents of the time, not only advised on facilities, but negotiated hard for access to be guaranteed to Guy's students. All things, of course, were promised.

It is obvious that a theatre the size of the Greenwood has to be funded in a profitable manner, especially in view of the financial restraints under which Guy's now has to operate. Nevertheless, I can only express sadness that the high hopes the Greenwood endowment raised at its inception have not born fruit. For now, Guy's is not only denied the conference facilities it had looked forward to, but its students, with thriving theatre societies, are even denied the old facilities they once had. The Physiology Theatre steel scaffolding which transformed that ancient hall into a stage has now been destroyed.

Perhaps those in charge of the original planning could have kept their feet nearer the ground and built something a little more appropriate to the needs of the hospital. This is, of course, easy to say with hindsight. I would hope, however, that some windfall may arrive to allow the students at Guy's to continue their illustrious theatre traditions.

Yours faithfully,
DAVE SYKES

52 Courtlands Avenue,
Lee, London, SE12

"Sticks and Carrots"

Dear Sirs,

I read the editorial of your edition for the 15th December, 1979, in particular the section marked "Sticks and Carrots", I regret to say that I know very little about the overall organisation of surgical teaching in Guy's, but I have over the last 3 years been involved in the offering of a carrot to the final year students. This was in the form of four

consecutive ward rounds on neurosurgical topics to refresh their memories for the final examinations. Although neurosurgery may appear to some to be an esoteric post-graduate subject, the management of cases such as head injuries, paraplegia from spinal lesions, and so forth is by no means rare, and to do the right thing at the right time in these cases may make the difference between somebody who is able to return to normal life and a very disabled person.

These considerations, moreover, pass through all aspects of medical practice from the general practitioner to the hospital specialist. The Guy's students rose manfully to the challenge: the first year three turned up, the second year none turned up, and the third year three turned up. I understand the total number of students in the final year at Guy's is somewhere in the region of one hundred. This means that less than 5% of the total were willing to extend their interest and knowledge in a useful direction, unless of course they believe that they already know all that is required to be known about the topic.

Under these circumstances one can quite see why the stick must be applied instead of the carrot. I remain,

Yours sincerely,

C. E. POLKEY, M.D., F.R.C.S.
Consultant Neurosurgeon

Neurosurgical Unit of Guy's,
Maudsley, and
King's College Hospitals

Issues in Health Care

Dear Sirs,

I was fascinated to read (in the B.M.A. News Review) a discussion of the views of the Issues in Health Care Group with regard to medical selection and the Health Service. It is indubitable that this group has done a great deal to promote discussion and thought about aspects of medicine often neglected or deliberately forgotten. They deserve this opportunity to state their beliefs, which they nobly admit are their views, and may not be wholly representative of Guy's medical students as a whole. While not agreeing with all their views (e.g. on private medicine) one was impressed by some of their arguments about selection, and of the need for a "questioning attitude to health care". While one does not propose to argue here about "it is only through questioning that changes can occur", however, one does wish, at times, that they might bear in mind that the relevance and quality of the question asked may have a certain bearing on the matter—and not just questioning for its own sake.

Yours sincerely,

EUSTACE BORE

c/o Boland House,
Guy's Hospital

The Friends of Guy's Hospital

Dear Sirs,

Please may I thank all those who helped at our Christmas Stall to raise £522; those who bought, those who gave gifts and those who manned the Stall.

This year, it was only open for one week and we should like to thank the Works Department for providing a shelter to protect us from the wind.

There were two separate items raffled on the Christmas Stall—one was a cot cover knitted by Miss Culverwell, which was won by Mr. Porter of Yeovil. The other was a large doll dressed as a Guy's sister by Mrs. D. Cawson, which was won by Mrs. Hughes of the Upholstery Department.

May we draw the attention of your readers to a Fête which we intend to hold in the Park at Guy's on Wednesday, 11th June this year.

Yours sincerely,

M. L. CAMPBELL (Mrs.)
Honorary Secretary

Services Branch,
Friends of Guy's

Review Reviled

Dear Sirs,

I wish to make a protest about the 2nd B.D.S. revue. Not only was it poorly presented, but the content was an insult to the intelligence and good character of the preclinical teaching staff. I do not wish to go into detailed description of the unrehearsed and amateurish attempts of the people in question, but suggest that the revue was untruthful and close to slander. It was a shame to mar what was otherwise (damage apart) a very enjoyable evening.

Yours sincerely,

M. A. CRONSHAW

c/o Boland House
Guy's Hospital

Sport

I would like to start this month by thanking *Charlie Tunnadine* for looking after this column during my brief sojourn abroad, or as Charlie would have it, gallivanting Gary the globetrotter is back from Bongo land. Charlie certainly kept up the volume of the Sports pages, keeping them away from the grabbing hands of the bespectacled boys, Mark and Bill. So thanks to Charlie and his friend *Ed.*, who seemed to be popping up throughout the sports pages. Hopefully Charlie and Edward will be able to take over from me in the Summer, shortly before I begin studying for M.B. resits.

Whilst I was away several momentous events occurred (such as the Russian invasion of Afghanistan, Nick Cowland keeping a clean sheet in the 1st XI and the steel strike), however the news that hit me most was the resignation of Ade and Phil, the former editors. Never again (hopefully) will these two men of great integrity and bad habits darken the door of the *Gazette* office. Both have given me great encouragement and even more insults, so thanks boys and good luck—the *Gazette* is poorer for their passing.

Both of them in their very different styles sought to maintain a high standard of reporting and presentation in the Gazette; I think they succeeded. Their successors *William van't Hoff* and *Mark Powlson*, the Laurel and Hardy of the *Gazette* office can count on my continuing support—as long as they stay away from the sports pages.

My mission to foreign parts whilst mostly medical in nature also included a working brief to investigate foreign sport and where possible to promote the sporting image of Guy's.

In the U.S.A. firstly a Guy's pair defeated a Florida state select team at Pool, this was shortly followed by a resounding victory by G. M. Smith in the Miami Closed Body Surfing Championship—more glory for Guy's. Two Guy's students also proved themselves more adept at leaving suitcases and cameras on buses and at bus-stops than two Californian counterparts.

A small expedition was sent to Jamaica, unfortunately timing their arrival to coincide with the lull between the soccer and cricket seasons. However the Guy's team of Clarke and Calver put up a good showing against a crack University Hospital pair in a Table Tennis challenge match before being narrowly defeated. The sporting highlight was undoubtedly the Water Volleyball Hospitals' Cup. Barts, U.C.H. and a Canadian team were quickly eliminated and other hospitals were disqualified (for not being there). This left the final between Guy's and Mary's, two old protagonists on the rugby field, but their first meeting in this event. The final took place in the Negril Beach Village and attracted a large crowd. Guy's started well but faded badly in the first set, Mary's running out victors 15–13. Guy's quickly settled back into their rhythm however and although Mary's had the better teamwork the superior individual skills of Gary Calver and Gary Clarke ensured a two set to one victory over the Mary's team of Andy Heller and Ceri Lloyd. Hopefully this will inspire Guy's men to greater things in the months to come.

This past month has seen Guy's with mixed fortunes on the sporting field. The 1st XV had a fine victory against Devonport Services (see report) but this was overshadowed by a disastrous defeat by Charing Cross 12–4 in the 1st round of the U.H. Cup. The 2nd XV have progressed through two rounds of their U.H. Cup competition so far and reports should be available next month.

The hockey club are having another successful season and their progress is reported by the willing pen of Duncan Jones. It is heartening to hear of the progress of "lower" teams of which the hockey club seems to have many. They may not be as successful as their first teams but both the men and women 2nds and men's 3rds seem to have a great time which after all is what it is all about.

Alf Styles writes about the progress of the 3rd XI Soccer team and also informs me that Mick "The Nose" Corlett has done such a good job for the thirds that at the end of the season he might be awarded the supreme accolade for a third team skipper—the opportunity to clean the second team's captain's boots.

P.S. If anybody called Holt was insulted by being called "Baldy", our apologies. For "Holt" read "Hett". For that matter, for "M.M's" read "Men's".

RUGBY

Devonport Services 6 v. Guy's 12

Teams:

Devonport Services: G. Fabian (capt); A. Wilson, K. Hall, A. Gemmell, G. Vince; B. Riley, E. Lewis; A. Harvey, M. Luffan, M. Cooper, I. Ryan, S. Waters, P. Dunn, G. Simpkins, I. Young.

Guy's Hospital: M. Hackett; T. Jennings, M. Reece, D. Maggs, T. Portelli; M. Bundy, S. Dunkworth; S. Mihill, J. Brazier, M. Lovrey, B. Keevil (capt.), M. Popplewell, S. Kennedy, T. Rose, G. Parry.

Referee: Mr. Alan Weller (Devon).

Only slowly aware of Guy's determination to open the game out, Services were in some disarray, with their backs hard put to clear the ball away and found themselves being pressed by good Guy's scrummaging and wheeling in the tight for the first ten minutes.

The pitch was as sticky as glue, making the ball hard to handle.

In the 12th minute a good move by Services backs from a loose ball was halted on the halfway line when a stray pass was intercepted by Guy's, who nearly broke clear. Our big lock, Martin Popplewell, was making some penetrating runs from rucks, and in the 11th minute a penalty to Guy's out on the left was just wide of the right post.

Loose clearance, kicking into the arms of Guy's backs sent us on some dangerous runs.

Heavy pressure all round was pinning Services in their own "22" and in the 16th minute they gave away the inevitable penalty in front of the posts.

It was cleanly taken by Guy's full-back Mike Hackett, giving Guy's the opening points.

Further pressure by Guy's resulted in another penalty on the right, in the 20th minute, again well taken by full-back Hackett, to put Guy's 6 points up.

So strong were the Guy's pack that we were beginning to get possession against the head by the end of the second quarter. Only quick tackling on the blind side kept them out.

Guy's kept up the pressure and towards the end of the half, they were always within striking distance of Services line.

In the 33rd minute quick possession from the tight sent Guy's centre Dai Maggs jinking through to put winger Tony Portelli over in the corner, but the try was disallowed and Services were given a kick which temporarily got them out of trouble.

Guy's three-quarters were now combining well with their forwards and Services could not get a good movement going. The only time Services looked like business was when they occasionally got possession in the loose.

Almost on half-time Services surprisingly got one or two against the head and skipper Fabian kicked them out of trouble.

On half-time Guy's lead might have been much greater.

Half time:

Devonport Services	0
Guy's Hospital	6pts

Services continuing pressure from the pack, brought a penalty halfway through the second half when Guy's collapsed the scrum, and Riley again put it neatly over on the "22".

Then in the 65th minute, Guy's backs, who had always looked dangerous, finally got a try.

From a set-piece movement their centre, Dai Maggs, beautifully sidestepped clear and put full-back Mike Hackett on his own to score under the posts. Hackett also converted.

Guy's 4 pts. v. Guildford 16 pts.

Guildford 9/2/79

Guy's took the field with almost the same formation that had looked so impressive in Plymouth two weeks previously, but found their confidence dented by an early try by Guildford. Guy's had their chances to reply through penalties but missed every kick during the afternoon.

The Guy's forwards were subdued for much of the match, when good rucking and mauling would have been the key to victory. The Guy's midfield backs looked good in broken play with Jones making his debut, but were less effective when facing a keen Guildford back-row at the set piece. During the second half Guildford scored another try as well as two penalties while Guy's replied with an excellent try by Maggs after third phase ball was rucked by the forwards for the first time in the game.

It was disappointing to loose this game but every sign points to how Hugh Bundy could improve the side, especially in the tactical aspects of keeping the ball near the pack until broken play gives the backs an opportunity to attack.

Team: Parry, Rose, Neill, Keevil, Popplewell, Brazier, Flanagan, Mihill, Duckworth, Bundy, Reece, Jones, Maggs, Jennings, Francis.

Guys 3 pts. v. Coventry 66 pts.

H.O.P. 2/2/80

Coventry brought down a strong side to Honor Oak Park since ten of their first team had been dropped the previous week, they were certainly much too strong for Guy's. Playing in driving rain for most of the match, Coventry's excellent mauling technique and slick passing looked very impressive and Guy's slithered around rather ineffectively in defence.

Guy's were 24 points down at half time with only a penalty by Hackett in reply and did not improve playing against the gale. It was unfortunate that late team changes disrupted the Guy's pack, but any Guy's team would have been hard pressed to hold this impressive Coventry side.

Team: Parry, Rose, Gray, Challacombe, Beard, Brazier, Flanagan, Keevil, Duckworth, Bundy, Portelly, Reece, Maggs, Jennings, Hackett.

HOCKEY

2nd XI Autumn 1979

v. OLD BORDEMIANS

H.O.P. 13th Oct. Lost 2–5

An unfortunate beginning to the season meeting a practised opposition; however there were encouraging signs for the rest of the season, in particular an impressive debut by *Richard Norris* in midfield. Goals are disputed between Johnston, Singh and Fellows-Smith.

v. TUNBRIDGE WELLS VI

H.O.P. 20th Oct. Won 2–0

Playing with 9 men Guy's won an easy victory over a weak opposition with 7 men and two guest Guy's players, notably Mark Batterbury who, despite being a soccer player, showed considerable skill once shown which end of the hockey stick to hold. Thanks to him and also Jimmy Fellows-Smith who also changed shirts for the match. Goals came from Hart and Johnston although Singh also claims one.

v. DULWICH VI

H.O.P. 27th Oct. Won 3–0

A scratch fixture meant that Guy's played with only 10 men but the side was strong with the welcome return of Simon Cunnington at full-back; he played a full match and looked strong at the back with Mike Craigen. Goals came from Fellows-Smith, Johnstone and Singh. Apologies to those who turned up at 11.00 for training which, in the event, never progressed beyond the bar.

v. SURBITON V

24th Nov. H.O.P. Lost 1–2

A side scraped together at the last minute included a guest player Duncan??—who played well in attack. Against a singularly average side Guy's faield to make any real impression up front and let two easy goals through. Jimmy Fellows-Smith, turning up 5 minutes late (surprise, surprise!) played an "aggressive" match—but was controlled well by the tour umpires, Julie Dinwoodie, Kristin Pagano, Sally Clark (whose game was cancelled) and Pete Sanders.

v. THAMES POLYTECHNIC III

Away. Dec. 1st. Lost 3–0

The team list read like a veterans eleven and when Doctor's Wilde and Vallis arrived at the East Wing there was hardly a dry eye in the place. Wilde, in his emotion, drove away without one of his passengers. On the field at Thames Polytechnic half the team were holding their stomachs after the Hollywood Ball the night before. It was sad indeed to see the sagging stomachs and arthritic knees of the aging Messrs. *Vallis, Kiln, Wilde and Craigen*—however they all played as they always have for Guy's—with great enthusiasm.

The game eventually started when the goalkeeper, Gildersleve, finished fiddling with his equipment in the changing rooms and in the first half three goals were conceded as the team slowly woke up. Two more were disallowed by umpire Oastler, but in the second half Guy's fought hard to hold the score at 3–0 with Craigen and Harper outstanding and almost pulled one back at the end. Thanks to the veterans of the team, hope they will recover by next year for another game.

v. CHARING CROSS 1st XI

Dec. 8th Cobham. Lost 2–1

This was easily the best match played by the 2nd XI all season and promises well for the U.H. Cup. Guy's raised their game to challenge a competent opposition. Nick Harper turned up late having taken a slightly longer train ride than everybody else. Guy's settled down to a 2–0 deficit but played hard with Mike Craigen solid in defence and Hamish Gillespie doing Nureyev impressions to his right. John Dixon landed on the floor after a collision but played on to help Guy's come back to 2–1 through Julian Hart—and with a slightly more skilled umpire Guy's could easily have won. Thanks to Lawson and Heal who turned up after a late team change as they often do.

26th Jan., H.O.P.
1st XI v. Tulse Hill
Score: 1—1

As always this, our best fixture, looms on the horizon soon after Christmas. Having been well beaten the last two seasons, Guy's were determined to avenge. We started very well considering our last game was 5 weeks ago and went close several times. Guy's were unluckily deprived of 2 goals when first Niaz Karim then Rick Plowman scored only for the umpire to blow and give a short corner. The first half belonged to Guy's with the defence sound and Pascoe rarely troubled. T.H. came back at us hard early on in the 2nd half looking for goals but Cunnington, Saward and Gulamali tied them down. With about 20 minutes to go Pascoe, in attempting to kick the ball into oblivion, missed and presented T.H., who had never looked like scoring, with a simple goal. This sparked off some great attacking play and Jones equalised after some good play from Wyeth and Upton. The last few minutes saw Guy's pushing hard but with opposition tempers becoming frayed an early bath was taken by their centre half and T.H. were lucky to hold on for a draw. This result was a great improvement on recent years.
Team: Pascoe, Saward, Cunnington, Hett, Gulamali, Lobo, Upton, Jones, Plowman, Wyeth, Karim.

30/1/80
1st XI v. Met. Police
Score: 3—2

This, always a hard game lived up to our expectations. Guy's started well and soon moved into the lead with a goal from Karim after a shot from Jones. The game, very physical at times, swung from end to end but Richard Norris and Singe (sorry I can't spell your 1st name) our 2 new full backs held firm. The police eventually equalised after some slack defensive play but Guy's lead was restored with a goal from Hett after a Sanders hand stop.

The second half saw the crunching boys in blue equalise and only some very acrobatic work from James Gildensleve in goal preventing them from gaining the lead. Only Sanders at left half was able to match the Police in aggression as at 2—2 there was everything to play for. With the end looming Guy's were awarded a short and with a cry of "Plowman hits them too hard" Hett topped the ball and a mesmerised defence watched it roll in. We now tightened up and held on to win 3—2. Thanks to Neil Oastler for very ably controlling a hard, boisterous game single handed.

Team: Gildersleve, Norris, Singe, Lobo, Hett, Sanders, Dixon, Jones, Johnston, Karim, Upton.

2/2/80
1st XI v. B.I.C.C. (Away)
Score: 0—1

After a scenic tour of the rather plush Erith sewers and water works we finally found the B.I.C.C. ground hidden behind a Chinese Laundry and an oil refinery. The game commenced and with the Guy's men unable to metabolise oil fumes, B.I.C.C. swept into attack. The first half was uneventful but for B.I.C.C. scoring from one of their two shorts and Guy's unable to convert either of their two. In the 2nd half the play was very open and both sides went close. The nearest we came to scoring was a short corner from Plowman after some good work from Wyeth and Lobo. The game ended with B.I.C.C. still the one goal better. B.I.C.C. probably just deserved to win as they were always the more aggressive—if only we could match it!

Team: Pascoe, Saward, Cunnington, Hett, Gulamali, Sanders, Lobo, Jones, Plowman, Wyeth, Karim.

6/2/80 H.O.P.
2nd Round U.H. Cup v. St. Mary's
Score: 4—1

For once Guy's started the more aggressive, determined to thrash Mary's and early on Wyeth and Karim both had shots just wide. With great side line encouragement there was only one team in it and with Hett's comments ringing in his ears Plowman kept the keeper busy at shorts as well as scoring two. With the forwards and midfield playing so well a defensive botch up was inevitable—and we gave them a goal. But with the wounded warrior urging us on Plowman "jugged" in the third for his hat trick ably helped by the Lobo push and Sanders hand stops. The second half was again all Guy's but we could only add one more through Plowman, who else? In the last few minutes Gulamali starred at goal line clearances as well as needling opposition! This was a fine victory and was well deserved, but we shall have to take *all* our chances if we are to beat St. Thomas's in the semi-final. Thanks to Neil for umpiring and thanks to all the supporters, it really helps.

3rd XI

v. UNILEVER

8th Dec. Lost. Score 12–0

Panic at London Bridge station—twelve sticks and only ten men! A twopenny phone call soon dispelled the clouds of foreboding by recruiting the well-known Hockey International (Fenella Davies plays for the Isle of Man). Team spirits soared as the lone girl took the stand at centre forward and swung her stick.

Bully off. Guy's gained control for a minute or two. The thirds has now completed its first half-season, and so every man in the team has participated in (I will not say has played!) at least one game. With such magnificent experience (sic) on our side, and with the novelty of a girl in the team, the outlook was rosy. Unfortunately . . . Unilever were swift to assert the authority that they had betrayed at Honor Oak Park earlier in the term. So much so that their goalie exchanged pads with his colleague at inside right for the second half "to see a bit of the game"!

With the score at eight-nil, the ever enthusiastic Guy's team raced to the attack. A sixteen from Fenella to Simon Gregson was deftly passed to the inner, Tony Harris. The brilliance of the move completely by-passed the whole opposition defence, for they, innocent souls, accompanied by the goalie, at that particular point were crowding the vantage point of the half-way line to spectate the regularity of their own forwards' goals. Thus faced with an open goal, the 'keeper clumping furiously back yet well out of range, Rodger Dickson took aim, and propelled the ball straight towards an open goal. Hearts paused; mouths fell open; were the thirds actually scoring a goal? Our chagrin—it missed! The umpire laughed sympathetically, but refused our request for another shot. Sadly his respect for the revered rules of the game supported any scruples he might otherwise have submerged.

Andrew Tresidder

Team: James Gildersleve, Clive Southgate, Fenella Davies, Peter Wood, Andrew Tressider, Richard Hurrell, Rodger Dickson, Julian Alexander, Simon Gregson, Tony Harris, Geoff Down.

LADIES' HOCKEY

2nd XI v. Chelsea 2nd (12th Dec.)

Our second match against this very friendly side, finally got under way once their second car load had managed to find their way to H.O.P.

The game was well into the first half and Cindy still wasn't sure which side of the stick to use, but despite this, she did manage to save a dramatic goal.

Angie played every position on the field and certainly deserves the title: "Man of the match". She wasn't afraid of the waterlogged goal in the second half and saved the day on several occasions.

It was a thoroughly enjoyable game despite a better turn out of referees than players. Guy's were the jubilant victors at the end of the day having well and truely hammered Chelsea again.

2nd XI 6—Chelsea 4 (17.11.79)

The Ladies' Hockey Club 2nd team finally managed, on 17.11.79, to set off for their very first (and hopefully not their last) match. This seemed rather an achievement in itself, and everyone (all 9 of us) was looking forward to nothing more than a friendly afternoon. Having never played together before, indeed Jane Whitmore had never even played hockey before, no-one gave a thought to actually winning the game. We hoped that we would not make fools of ourselves, and it began to look very much as though we might do just that as Chelsea went 2—0 into the lead.

At half time Guy's had managed to regain a little self respect with the score at 2—1, but hope dwindled early into the 2nd half as Chelsea went ahead bringing the score eventually to 4—2. No doubt they were soon regretting their co-operative and amiable approach, which had involved Chelsea giving one of their own players over to Guy's to even up the sides; because Guy's had soon levelled the score, much to their own surprise.

It was a real bonus to end the match 6—4 to Guy's! A bonus that honestly reflected the play. Chelsea were a good side, but Guy's proved better on the day. Everyone played admirably, with star performances by Sue Pearce and Angie McLuckie, with goals also being scored by Diana Wells and Louise. 10 goals are quite a lot for 1 match—perhaps this reflected an absence of goal keepers on either side!

It was certainly a fine start to the season, which was thoroughly enjoyed by one and all. Celebration went on into the evening, and thanks must go to Richard for his coffee and Sally for the use of her room. The team finally dispersed after an hour or so spent in the attractive surrounds of the Bar!

H. Reece

SOCCER

Guy's IIIrd XI
The First Half of the Season

Third team soccer leapt into action back in September with a friendly match away to London IIIrds following the long summer's training at a camp in Nelson (near Burnley, the home of British soccer). The proceedings were tinged with a hint of sadness due to the loss of last season's captain, Steve Robinson, whose nose got too big to be carried by a human frame and is now carried by a fork-lift truck.

Anyway we lost 3–1 despite the new skipper's fantastic volley from the edge of the penalty area—at least fifty yards! Incredible.

The next match against St. George's IInds saw debuts by basically Adam, apparently Sawyer (who scored a hat-trick), Rick Lawson in goal (who made three brilliant saves AND pretended to dislocate his finger) and Tim Bryant—the largest man in Guy's. Captain gave an inspiring performance in the middle of the park until he lost his voice, Phil Bearn scored three, Al Black was unstoppable in midfield and most important of all, Jon Exelby and Bum Bond did not play, all this resulting in a glorious 10–2 victory in our first league match.

The following Saturday in a U.L. cup match away to the School of Oriental and African Studies (I suppose someone must want to study such things), a gritty performance resulted in a 2–1 victory with goals from Phil Bearn and Steve Lovelace (honestly, Lovelace!!). S.O.A.S. may well feel disgruntled at not getting a late second-half penalty when the Welsh moron Gratton Parry (vice-captain) hacked down a S.O.A.S. forward in our area, but then the IIIrds captain was also the ref.

Mention must be made at this point of vice-captain Gratton Parry, the Hiroshima of Guy's football. Ask Nick Cowland. He played in goal in the next match against L.S.E. IVths and was stunned by Gratton's ridiculous attempts to score for L.S.E. First he sprinted back sixty yards to unselfishly place his delicate little back-pass right at the foot of an L.S.E. forward who gratefully accepted the opportunity to score. Then he leapt back from the half-way line to direct a header over Nick's head against the post, the ball bouncing back to an L.S.E. player, three yards out with Nick left stranded by Gratton's amazing foresight. Poor Gratton, he played his heart out for the L.S.E. without scoring the own goal he deserved and gaining the recognition he so obviously craved. They didn't even chair him off the pitch at the end.

Further disaster struck in this match when large Tim Bryant went off with a very suspicious back injury to be replaced by another Welsh fool, Harri Williams (the one who's always shouting down the bar). Steve Robinson returned to have his car breakdown and miss Burnley show how to bring the crowds back to football matches by losing 7–1 to Q.P.R. He still managed to score following a delightful little freekick by the skipper. Colin Tidy gave a fine performance in midfield, Ed Rytina looked very fresh, Bum Bond actually spoke on the pitch and Joe Exelby had fat lips, but it was all futile against the might of Supergratton and we lost 5–2.

Against Westminster IInds in the U.H. cup first round came the IIIrds finest hour (so far). Jim Oliver in goal made excellent saves, the defence was watertight with a particularly fine performance each from Paul Henderson who improves with every match and Tim Bryant (returning after resting his back). Ed Rytina kept running away up the left wing, Gratton kept kicking it out, Steve Lovelace selfishly broke his foot and was dropped as a disciplinary measure but we won 6–0. Bob Bond and Jon Exelby's lips scoring two each. Afterwards we drank lots of beer like all Guy's men and Phil Bearn was ill. It was definitely the captain's happiest day of his life—or so he kept saying.

Charing Cross IIIrds were a miserable lot and Phil Bearn kept picking fights with the biggest player in the opposition (as ever), Paul Ridley scored twice to put us 2–0 up but Nick Cowland wouldn't take his eye off Gratton and missed the ball as it trickled across for Charing X to score. They got another and we ended at 2–2.

We played against S.O.A.S. again at H.O.P. in the league and were 3–0 down just after half time, but a magnificent fight back, inspired by the Captain resulted in us winning 4–3, Bob Bond lashing home the winner with five minutes to go, but the following game against St. Thomas' ex-rugby XI (who we're even more fond of than Charing X IIIrds) saw in losing 4–3 after fighting back from 3–0 down to equalise (Adam Sawyer scored twice).

We went to St. Georges and scored six more against them, Colin Tidy scor-

ing three in a brilliant performance, and Phil Bearn playing the worst game in history (but not as bad as Gratton). The groundsman wouldn't open the bar afterwards though, and there were grown Guy's men crying and convulsing at the withdrawal from alcohol, I mean, you've got to drink to be a Guy's man, with pint in hand, and frontal lobes well oiled and, oh sorry, thought I was Gary Calver for a minute then—long may he remain in Jamaica.

Imperial College VIth (sixth!) team came to H.O.P. for our last game before Christmas and were crushed 8–2 with Bob Willis scoring five and looking very like Charles Henry John Tunnadine (locum sports-ed) who is in Australia playing cricket. Skipper scored only his second goal of the season and broke his toe doing it, Ed Rytina scored another own goal, and Phil Bearn was axed.

So to summarise, we're through to the next round of the U.H. Cup, but out of the U.L. cup by default and we're second in the league. Most of the credit goes to the captain who is probably the best player in Guy's and ought to be captain of England. It's been difficult for the IIIrds and they deserve their success or at least the captain does, he certainly did nothing to deserve Gratton who should be tied up and shot by anyone who spots him trying to blow up Boland House or anything like that. Let's all hope he breaks a leg.

Alf Styles,
Man in the Stand
(*no relation to the skipper*)

MEN'S SQUASH

Cumberland Cup

For many years we have enjoyed playing in the Third Division of the Cumberland Cup Squash, London's Premier Squash League Tournament. Once or twice during the period of the last 5 to 15 years, we have come close to reaching the Second Division. In more recent years we have often had to fight hard to avoid relegation. At the end of the 1978/79 Season we finally had to admit defeat, thus finding ourselves this season in Division 4.

The main reason for this is that the general standard of Squash has greatly improved in recent years, so that there are few easy matches, even for the Nos. 3, 4 and 5.

Possibly the academic qualifications to enter Guy's have also risen, thus in general, providing fewer sporting enthusiasts. Whatever the reasons, we face a further problem this season because at the halfway stage we were well behind even the last but one team in the division.

To have any significant chance of "staying up", we need to win an absolute minimum of 3 matches, preferably 5, not an impossible task provided we can *consistently* field a strong side.

This half season so far we have won 3 matches against Nat. West Bank, Epping and Barn/Hoppett, thanks mainly to Dave Webber, Robert Kirschen and Peter Collins who are our strong nos. 3 to 5. With a regular team, the team spirit is much better and there is good motivation. Colin Holden plays consistently but both he and Victor Tun have had tough opposition. Colin scored a noteable win against that Nat. West no. 1 by just keeping his cool and making no unforced errors. John Dixon and Maurice Yaffe have both made star appearances in times of strife.

P. C. and V. T.

U.L. League I

The same poor results as the Cumberland Cup were achieved last half season but now the immediate pressure of exams and electives are over we should be picking up again. The 1st team came 6th out of 10 teams in Div. I of the U.L. League.

Despite having a regular strong team of C. Holden, D. Webber, V. Tun and D. Taube, we haven't been thrashing our opponents but we have been picking up points here and there.

V. T.

U.L. League II

With a shambolic total of only 8½ points (possible 45 points) from the half season ending December 1979, the Second Team thudded to the bottom of Division 2 and faced possible relegation to Division 3 depending upon a challenge match against King's College Hosp. II.

This poor performance reflects the oversight of useful players such as J. Lewis, R. Ploughman, C. Selmon and R. Taylor, and the absence of T. Thurston. Now with a squad of some 8 players we look forward to a much more successful 2nd half!

Indeed we avoided relegation by a narrow victory over King's (9–7) and hope that better standards will be maintained by efficient publicity, recruitment and competition between players of the squad.

John Dixon
(Second Team Capt.)

Hospital Information

House Appointments
1st February, 1980

House Physicians

Dr. Scott/Dr. Joiner	Mr. G. Gilhooly
Dr. Grahame/	to 31.7.80
Dr. Panayi	Mr. C. R. Stephens
and Dr. Reuben	to 31.7.80
	Mr. N. H. Jones
	to 31.7.80
Prof. Lessof/	Mr. M. D. Dixon
Prof. Keen	to 31.7.80
Prof. Dowling/	Miss E. L. Daly
Dr. Sladen	to 31.7.80
Dr. Houston/	Ms. H. M. Cotton
Dr. Knight	to 31.7.80
Dr. Grimble	Miss P. Evans
and Dr. Cochrane	to 31.7.80
	Mr. T. G. K. Mant
	to 31.7.80
Prof. Trounce, Dr.	Mr. D. P. Kwiatkowski
Hicks, Dr. Gibson	to 31.7.80
and Dr. Maisey	Mr. D. P. Misselbrook
St. Olave's Unit	to 31.7.80
Gen. Med. (Lessof/	Mr. J. D. Gray
Keen/Dowling/	to 30.4.80
Sladen) Geriatric Med.	Mr. J. H. T. Lee
	to 31.7.80
Geriatric Med./	Mr. J. H. T. Lee
Gen. Med.	to 30.4.80
Lessof/Keen/	Mr. J. D. Gray
Dowling and Sladen	to 31.7.80

House Surgeons

Mr. Ellis	Mr. P. K. M. Bajorek
	to 31.7.80
Mr. Maynard	Mr. N. Joyner
	to 30.4.80
	Mr. G. J. Francis
	to 31.7.80
Mr. Beard	Mr. J. R. W.
	Hangartner
	to 31.7.80
Mr. O'Flynn and	Mr. C. J. R. Parker
Dr. Winter	to 30.4.80
	Mr. G. T. Owen
	to 31.7.80
Mr. Glover	Mr. L. R. Brann
	to 31.7.80
Mr. Rendall and	Mr. S. Humphreys
Dr. Tong	to 30.4.80
	Mr. C. W. Allanby
	to 31.7.80
Prof. McColl	Mr. H. S. Cairns
	to 31.7.80
	Mrs. G. M. Evans
	to 31.7.80
St. Olave's Unit	Mr. M. R. Kiln
	to 30.4.80
	Mr. M. Glover
	to 31.7.80
	Mr. A. M. Dighé
	to 30.4.80
	Mr. S. W. Lewis
	to 31.7.80

Thoracic House Surgeon

Thoracic House	Mr. G. T. Owen
Surgeon	to 30.4.80
	Mr. C. J. R. Parker
	to 31.7.80

Genito-Urinary Surgeon

Mr. Kinder	Mr. G. J. Francis
	to 30.4.80
	Mr. N. Joyner
	to 31.7.80
Mr. Flannery/	Mr. C. W. Allanby
Mr. Joyce	to 30.4.80
	Mr. S. Humphreys
	to 31.7.80

Orthopaedic House Surgeon

Linked to	Mr. C. J. Parker
Mr. Glover	to 31.7.80
Orthopaedics Guy's/	Mr. S. W. Lewis
Gen. Surg.	to 30.4.80
St. Olave's Unit	Mr. A. M. Dighé
	to 31.7.80
Orthopaedics New X/	Mr. M. Glover
Gen. Surg.	to 30.4.80
St. Olave's Unit	Mr. M. R. Kiln
	to 31.7.80

Throat & Ear Surgeon

(linked to	Miss N. P. Jones
Prof. McColl)	to 31.7.80
	Mr. D. R. Davies
	to 31.7.80

Gynaecological House Surgeon

Mr. Coltart and	Mr. R. P. Dunn
Mr. Moir-Shepherd	to 31.7.80
(locum) (linked to	
Prof. McColl)	
Mr. Lewis and	Unfilled
Mr. Morris (linked to	to 31.7.80
Mr. Ellis)	

New Cross Hospital

H.P. Gen. Med. and	Mr. J. A. Jedrzejewski
Rheum. 1.2.80-30.4.80/	to 31.7.80
Male Ger.	
(Dr. Lewis and	
Dr. Corless	
1.5.80-31.7.80)	
H.P. Male Ger.	Mr. N. W. Braid
1.2.80-30.4.80/	to 31.7.80
Gen. Med. and	
Rheum. 1.5.80-31.7.80	
H.P. Gen. and Resp.	Mr. M. R. Draper
Med. (Dr. Cochrane	to 31.7.80
and Prof. Clark)	
1.2.80-30.4.80/	
Female Ger. (Dr.	
Corless and Dr. Lewis)	
1.5.80-31.7.80	
Female Ger. (Dr.	Mr. T. G. Mathias
Corless & Dr. Lewis)	to 31.7.80
1.2.80-30.4.80/	
Gen. Resp. Med.	
(Dr. Cochrane	
and Prof. Clark)	
1.5.80-31.7.80	

Beckenham Hospital

House Physician to	Mr. E. L. Sayed
Dr. Rawlings and	to 31.7.80
Dr. Joiner	

Greenwich District Hospital

House Physician to	Mr. N. A. Maclachlan
Dr. Thomson	to 31.7.80
	Miss T. J. Leverton
	to 31.7.80
House Physician to	Mr. S. A. Szweda
Dr. Robson and	to 31.7.80
Dr. Blower	
House Physician to	Mr. J. Price
Dr. Marsden	to 31.7.80
House Physician to	Mr. J. King
Dr. Robson	to 31.7.80
House Surgeon to	Mr. S. Khan
Mr. Williams and Mr.	to 31.7.80
Park for 3 months and	Mr. N. K. Y. So
3 months with	to 31.7.80
Mr. Stoker and	
Mr. Harrison	
House Surgeon to	Mr. I. D. Gold
Mr. Stoker and Mr.	to 31.7.80
Harrison for 3 months	Ms. M. C. Cummins
and 3 months with	to 31.7.80
Mr. Williams and	
Mr. Park	
House Surgeon to	Mr. J. P. O'Hare
Mr. O'Flynn	to 31.7.80

The William Harvey Hospital (Ashford)

House Surgeon	Mr. J. N. P. Higgins to 31.7.80 Mr. V. Stevens (appointed by Ashford) to 31.7.80

Hither Green Hospital

House Physician in Ged. Med. and Infectious Diseases	Mr. A. P. Boardman to 31.7.80 Unfilled to 31.7.80

Lewisham Hospital

House Physician to Dr. Price	Mr. J. C. McArthur to 31.7.80
House Physician to Dr. Stott	Miss D. James to 31.7.80 Mr. J. A. Gibson to 31.7.80
House Physician to Dr. Staffurth	Mr. R. J. Sheridan to 31.7.80 Mr. J. D. Beard to 31.7.80
House Physician to *Dr. Mallison*	Mr. C. P. Shearman *to 31.7.80*
House Surgeon to Mr. Lynn Evans	Mr. P. J. N. Openshaw to 31.7.80
House Surgeon to Mr. Ivo Smith	Mr. P. D. Mason to 31.7.80
House Surgeon to Mr. Monty	Mr. M. H. Miller to 31.7.80
House Surgeon to Mr. Le Brun	Miss S. E. Pearson to 31.7.80
House Surgeon to Mr. Negus	Mr. P. J. Hobday to 31.7.80
House Surgeon to Mr. Beavis	Mr. P. Twining to 31.7.80

Orpington Hospital

House Surgeon to Mr. Wilding and Mr. Lam	Mr. A. C. W. Kenyon to 31.7.80 Miss H. S. Roberts to 31.7.80
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar (Gen. Surg./ENT)	Mr. J. R. Chaplin to 31.7.80
House Surgeon to Mr. Boxall and Miss Austin (Gen. Surg./Gynaecology)	Mr. P. D. Rowley to 31.7.80
House Surgeon to Mr. Walker-Brash and Mr. Glasspool (Gen. Surg./Ophthalmology)	Mr. M. C. Wake to 31.7.80
House Physician to Dr. Southwell, Dr. Williams and Dr. Wharton	Miss V. Deuskar to 31.7.80 Miss M. H. Herbert *to 31.7.80*

Pembury Hospital

House Surgeon to Mr. Gibson and Mr. Lavy	Mr. J. T. Wilde to 31.7.80 Mr. J. Wilson to 31.7.80
House Physician to Dr. Maw, Dr. Everest and Dr. King	Mr. C. R. Kirk to 31.7.80 Miss J. A. Bearn to 31.7.80 *Mr. C. M. Rowlands* to 31.7.80

Dreadnought Seamen's Hospital

House Surgeon	Mr. M. A. Vella to 31.7.80 Mr. P. C. Birtles
House Physician	to 31.7.80 Mr. P. M. Fisher

St. Mary's Hospital, Eastbourne

House Physician to Dr. Linley-Adams	to 31.7.80 Mr. G. W. Jones

District General Hospital/ St. Mary's Hospital, Eastbourne

House Physician to Dr. Macleod	to 31.7.80 Miss S. M. Wheeley

St. Helen's Hospital, Hastings

House Physician to Dr. Irvine (Geriatrics) to 30.4.80/Gen. Med. to 31.7.80	to 31.7.80 Mr. R. B. Mallet to 31.7.80
House Physician to Dr. Strouthidis and Dr. E. Hinnes in Ger. & Rheum. to 30.4.80/Dr. Wray (Gen. Med.) to 31.7.80	Unfilled to 31.7.80

Kent & Canterbury Hospital

House Surgeon to *Mr. Collins*	Mr. C. F. Sidebotham *to 31.7.80*
House Surgeon to Mr. Canney/Urology	Mr. R. Aquilina to 31.7.80
Urology/Gen. Surg. (Mr. Canney)	Mr. A. R. A. S. Hamid to 31.7.80

Edgware General Hospital

House Surgeon to Mr. Qureshi	Miss C. M. Haw to 31.7.80

Joyce Green Hospital, Dartford

House Physician to Dr. Goldman	Mr. M. R. S. Clark to 31.7.80
House Physician to Dr. Wise	Mr. A. M. Schembri to 31.7.80

Cuckfield Hospital, Sussex

House Surgeon (3 months Gen. Surg./ 3 months Orthopaedics)	Unfilled to 31.7.80

Isle of Thanet District Hospital, Ramsgate

House Physician to *Dr. Cocking,* Dr. Lillicrap and Dr. Marshall	Mr. Qubati *to 31.7.80*

West Kent Hospital, Maidstone

House Surgeon rotating Mr. Percival/ Mr. Winch	Unfilled to 31.7.80

Royal Sussex County Hospital, Brighton

House Surgeon to Mr. N. H. Porter and Mr. M. G. Royle Gen. Surg. and Urology	Miss J. M. Bailey to 31.7.80

Buckland Hospital, Dover

House Physician in Gen. Med. and Infectious Diseases	Miss M. C. Kalinkiewicz to 31.7.80 Mr. C. C. Paul to 31.7.80

PRIZEWINNERS

Edgcumbe Prize—S. J. Plint (£25).

Michael Harris Prize—M. A. Epps, Miss F. A. Morgan, Prize; V. H. F. Mak, Certificate (approx. £45).

Sands Cox Scholarship—N. Beechey Newman (£94 p.a.).

Tewfik Prize for Anatomy and Physiology—V. H. F. Mak (approx. £90).

Hilton Prize for Dissection—R. K. W. Lune; Miss E. K. Dare, J. A. P. Rinner, Certificates (£40).

Gowland Hopkins Prize in Biochemistry—S. A. Rasbridge (£25).

Prize in Pharmacology—S. A. Rasbridge, Miss F. A. Morgan (£25).

Preliminary Clinical Prize—S. A. Rasbridge (£25).

T. J. Evans Prize—J. R. Stephenson (approx. £50).

Treasurer's Medal and Prize for Clinical Medicine and Baldwin Clinical Prize—First Prize, P. J. M. Openshaw (£25); Second Prize, Miss D. James (approx. £12); Certificate, I. D. Gold.

Treasurer's Medal and Tewfik Prize for Surgery —Miss H. M. Cotton (£100). Certificate, I. D. Gold.

Golding Bird Medal and Prize in (a) Bacteriology medal Miss M. E. Ganczakowski; Prize shared between Miss Ganczakowski and Miss S. F. Burks (approx. £60), (b) Obstetrics & Gynaecology (approx. £60)—Miss C. M. Haw; Certificate, C. P. Shearman.

Beaney Prizes for Histopathology R. Cerio, M. J. Lind, Prize; Miss M. E. Ganczakowski, B. P. Henwood, Certificates and Immunology D. J. R. Nunez £75.

Richard Ellis Prizes in Paediatrics—First Prize, Miss C. P. Vaughan (£50); Second Prize, S. M. Oppenheimer (£25).

Charles Forster Prize in Cardiology—J. C. McArthur (approx. £25).

Gilbert Prize in Rheumatology—Miss G. M. Webb (£30).

Gillespie Prizes in Psychological Medicine—First Prize, Miss C. M. Haw (£35); Second Prize, D. P. Kwiatkowski (£15).

Ian Howat Memorial Prizes—P. W. Fisher, Miss M. E. Ganczakowski (approx. £200).

Henry Levitt Memorial Prize—R. J. Burst (approx. £65).

Drapers' Company Awards—Miss H. C. Kinsella, J. J. A. Pringle; Certificate, B. D. Edwards (£250 p.a.).

Confined Junior Science Scholarship (Medical), Miss C. E. Wilkie.

Confined War Memorial Scholarships, P. H. Evans, Miss P. C. E. Sartori.

Confined War Memorial Clinical Scholarships, S. A. Rasbridge, M. Iredale.

Confined War Memorial Clinical Exhibition, V. H. F. Mak.

I.C.I. Pharmaceuticals Division Prize in Clinical Pharmacology and Therapeutics—P. D. Mason (£50).

This prize was founded in 1977 and is awarded annually to the student at the School who achieves the highest marks in Clinical Pharmacology and Therapeutics at the Final M.B. B.S. examination.

Spastics Society Handicap Essay Prizes—First Prize, D. M. Abraham (£50); Second Prize, P. J. Razzell (£25).

These prizes were endowed by the Spastics Society in 1977 and are awarded annually for a project on chronic handicapping conditions in childhood, submitted by students at the end of their Paediatric appointment.

Dennis Deuchar Memorial Prize—Miss C. P. Vaughan (approx. £120).

This prize was founded in 1978 by his colleagues and friends in memory of Dennis Deuchar, Physician to the Cardiac Department, who died in May 1977. The prize is awarded annually to a medical student who wishes to spend his elective period abroad, preference being given to students seeking an elective appointment in cardiology.

THE CHARTERED SOCIETY OF PHYSIOTHERAPY NOVEMBER 1979 PART II EXAMINATIONS

Miss L. J. ALLAN
Miss A. J. ALLEN, Distinction
Miss A. L. R. ERRO, Merit
Miss C. S. KERRY
Miss C. A. KING
Miss S. E. LUETCHFORD, Merit
Miss E. D. PALMER, Distinction and Merit
Miss L. J. STEVENS, Merit
Miss S. J. TENNENT, Distinction

STATE FINAL EXAMINATION NOVEMBER 1979

General Register:

Ashton, E. K.
Baker, S. M.
Brown, A. R.
Brown, N. L.
Bryan-Brown, E. A.
Butler, S. E.
Carpenter, C. J.
Chiverton, S. B.
Clarke, D.
Coleman, P. M.
Collins, J. S.
Cowan, A. M.
Cregan, L.
Crowther, H.
Davis, A. L.
Dodwell, C. B.
Dowler, J. M.
Dungay, S. C. S.
Dunning, J.
Edward, J. M.
Ellis, W. J.
Ephgrave, G.
Evans, K.
Finlay, J. A.
Francis, E. M.
Goddard, S. J.
Godfrey, P. E.
Gray, J. A.
Griffiths, C.
Gunn, N. E.
Hannath, S.-J.
Hardy, K. M.
Harman, S. J.
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Hill, J. D.
Hill, R. A.
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Norton, S.
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Satchell, L. K.
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Tozer, E. J.
Trezona, P. J.
Turner, L. J.
Watson, C. M.
Watts, C. A.
Whitehead, P. J.
Wilson Smith, S. M.
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BIRTHS

LAKE—To Anthony and Ann (née Kilby, S.R.N.) Lake, a daughter Annabel Mary Louise on 15th January, 1980, at Mill Road Hospital, Cambridge.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Flowers Committee.

Contents

	Page
PASSIM	93
NEWS IN BRIEF	94
CLUBS' UNION NEWS	100
GUY'S AND ST. THOMAS'S (PART TWO) by Mr. T. L. T. Lewis	101
THE FLOWERS REPORT A summary by M. Powlson	106
LONDON HEALTH PLANNING CONSORTIUM A summary by M. Powlson	109
GUY'S HOSPITAL SOUTH WALES SOCIETY 1980 DINNER by Mr. C. E. C. Lewis	111
THE RUGBY PAST v. PRESENT WEEKEND by Gareth Parry	113
HAS THE PENDULUM SWUNG TOO FAR? by Dr. P. Helliwell	115
LOOT—GUY'S HOSPITAL THEATRE CLUB A review by David O'Flynn	118
SECOND B.D.S. PARTY by Andy Girling	120
LEAP WEAK REPORT by Deb Brooke	121
NURSING	122
PHYSIOTHERAPY	124
BOOK REVIEWS	125
CORRESPONDENCE	127
SPORT	130
HOSPITAL INFORMATION	134

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Passim

The past month has been one of remarkable activity on the part of Guy's students. It can safely be said that the Guy's Apathy Society has not suffered such a lack of interest for some considerable time.

We started with the Charities' Week, which occurred in the last week of February. This was a remarkable success, and reflects great credit upon its organisers. A considerable amount was raised for charity —in the region of £2,000, which is about twice as much as last year —and moreover, a great deal of fun was had by the many people who went to the remarkably varied events which were staged. This certainly bodes well for the forthcoming year—even though we did not achieve a world record this time!

An Extraordinary General Meeting was called on the 4th of March, in opposition to a resolution passed at the A.G.M. in favour of the instalment of contraceptive machines in Boland House. Massively quorate, this meeting evidenced considerable interest and loquacity—and may well be giving supporters of the newly arranged and more powerful Clubs' Union Council doubts as to whether it was such a good idea to drop two General Meetings in the year. After much discussion (and more dissension) the motion against the resolution to install the machines was defeated—and so the decision at the A.G.M. upheld. It is greatly to be hoped that this matter does not return to darken the debates of the Union, since it started about five Presidents ago, and has assumed the aspect of a hierarchical ritual at almost every subsequent general meeting.

The Dental Ball was held on 1st March at the Grosvenor House Hotel. We await a full report of the occasion, but understand that a good time was had by all. On the same day the Annual Dinner of the Guy's Hospital South Wales Society was held (most appropriately), and we can affirm that all present enjoyed the evening. (See P. 111.)

In addition to all this activity, we saw, in the space of a mere two weeks, Guy's teams in five finals—in which the Ladies' Hockey, and Men's Squash teams comfortably won the cups, the rugby team overwhelmingly won the Gutteridge Plate, and the soccer II*nds* and Men's Hockey teams were narrowly beaten (one goal in it for both) in their respective cup finals. Our great commisserations to the latter two, but overall it would seem that a renaissance of Guy's sportsmen and sportswomen is in full swing. Furthermore, on the non-athletic side we have seen a successful production by the Theatre Club, rehearsals for the Gilbert and Sullivan Society's Mikado are in full swing, and the Music Club Friday lunchtime concerts have received considerable praise.

Guy's Hospital Medical and Dental students, it would seem, have been excelling themselves—yet for how long will these Schools exist under this venerable name? Two reports released in late February may have considerable repercussions for both Hospitals and Schools. To deal with the Hospitals first, the London Health Planning Consortium recommends a reduction in acute beds at Guy's (and many other central

teaching hospitals), which is policy intended to meet the requirements of the D.H.S.S. Resource Allocation Working Policy. The details are summarised on p. 109, and whatever one's opinions or regrets, it would seem impossible to avoid some curtailment of beds in central teaching hospitals. We must, however, make certain that such a decrease in the number of beds does not engender any concomitant decrease in teaching experience and standards.

A more drastic set of proposals arise from the recommendations of The Flowers Working Party. (See p. 106.) This suggests the integration of Guy's and King's Medical and Dental Schools into one—which they call the Lister. The Lister and St. Thomas' Medical School would then co-operate as a joint school. Such a suggestion immediately raises the question as to why St. Thomas' does not lose its name in the rationalisation, whereas we do—but it is dangerous to be sidetracked by names alone. It may well be that the seemingly arbitrary name changes are only included so that these become the targets for attack, and not the proposals themselves. It should be emphasised that these recommendations are only recommendations—but it might seem that the savings accrued in the amalgamation of several institutions would be lost in the unavoidable extra organisation necessary to distribute students amongst the numerous centres (at no little inconvenience to those said students!). Money undoubtedly has to be saved by the University, and we are sure that they do not wish to lower the standards of medical and dental education in London—but a process of amalgamation may result in less saving, more impairment, far more inconvenience, and greater capital costs for implementing these amalgamations than might a more decisive surgery. The proposals will probably result in more bureaucracy, not less.

It is also regrettable that the Working Party did not contain a representative of pre-clinical departments who are also highly involved in this report (although they may not have originally thought that they would be). Furthermore, we are confident that our subscribers would be loth to see the name of Guy's Hospital Medical and Dental Schools become a thing of the past, and would also regret the loss of the Guy's spirit amongst a more amorphous structure.

News in Brief

This Month's Cover

The cover this month shows a collecting box used at Guy's in pre-National Health Service days. "Hospitals' Days" were organised so that the public could donate money to Guy's; thirty- three years later we wonder if present students might not find themselves repeating history.

Dept. of Medicine Research Meeting

A research meeting will be held on Friday, 2nd May, at 2.15 p.m., in the Tower Lecture Theatre. All are welcome to the meeting at which several papers of current research topics in the department will be presented.

Tea and biscuits at 3.30 p.m.

Biennial Dinner

The Guy's Biennial Dinner will be held in the Connaught Rooms on Friday, 3rd October, 1980. Details will be announced later.

Re-union Dinner

There will be a Guy's Hospital Re-union Dinner at the Postgraduate Centre, Musgrove Park Hospital, Taunton, at 7.30 p.m. on Friday, 16th May.

Tickets are £5.50, inclusive of service but not of wine (which will be available). All doctors, dentists, nurses and physiotherapists are welcome.

Cheques should be sent to: Dr. T. B. Pitts, Weaver's Mead, Curry Mallet, Nr. Taunton, by Wednesday, 7th May.

Charity Ball

The Annual Charity Ball run by the third year students of the School of Physiotherapy, is being held at: The Park Lane Hotel, Piccadilly, London, W.1, on Friday, 9th May.

All proceeds will be donated to the Multiple Sclerosis Society and the Association for Spina Bifida and Hydrocephalus.

Double tickets (inclusive of dinner) are £20.00 and may be reserved by letter from: Miss Amanda Poole, School of Physiotherapy, 1st Floor Shepherd's House, Guy's Hospital, London, SE1 9RT.

British Nutrition Foundation

The second Annual Conference of the British Nutrition Foundation entitled "Preventive Nutrition and Society" will be held at The Royal Society, 6 Carlton House Terrace, London, SW1 on 1st and 2nd July, 1980.

Registration forms can be obtained from the Secretary, The British Nutrition Foundation, 15 Belgrave Square, London, SW1.

Mr. A. E. Castle

Our congratulations to Mr. A. E. Castle, L.D.S., R.C.S. (Guy's 1952) who sat and passed the M.G.D.S.R.C.S. examination in November, 1979.

Guy's Hospital Physiotherapy and Radiography Association A.G.M.

Guy's Hospital Physiotherapy and Radiography Assoication are holding their A.G.M. on Saturday, 17th May in Shepherd's House. This will be preceded by a buffet luncheon and lectures on the Head and Body Scanner, the Uses of the Fibroscope and Arthograms. The cost of the day will be £2.00 and cheques (payable to G.H.P.R.A.) should be sent with a s.a.e. to Jill Simmons, Dept. of Physiotherapy, Guy's Hospital, London, SE1 9RT.

Dr. H. S. Reeve

We congratulate Dr. Reeve, M.R.C.G.P., D.I.H. (Guy's 1952), who is Medical Officer at Goldsmiths' College, on passing the examination for the Postgraduate Diploma in Industrial Health (D.I.H.) of the Royal College of Physicians and Surgeons.

90,000th member of the M.D.U.

Miss Kathryn Harrison who qualified as a dentist at Guy's last year, became the 90,000th member of the Medical Defence Union. She was presented with a cut glass vase to commemorate the occasion by the President of the M.D.U., Dr. J. B. Harman. Professor A. H. R. Rowe and several representatives of the Dental Society were present at the reception, as was the *Gazette*.

Miss Kathryn Harrison, the 90,000th member of the M.D.U. (photo by Prof. Rowe).

Association of Anaesthetists Undergraduate Essay Prize 1979

We are pleased to announce that the Association of Anaesthetists Undergraduate Essay Prize for 1979, was awarded to a Guy's clinical medical student, Mr. Nunez for an essay entitled: "The encephalins. Neurotransmitters involved in the control of nociception."

Mr. R. K. Lau, who is studying for a B.Sc. degree in Clinical Pharmacology, came third equal with an essay entitled: "The Uses of Pharmacokinetics in Anaesthesia."

Guy's Hospital Cricket Club

Would anybody who is interested in umpiring for the 1st XI this season (fee paid) please contact: Alexander Williams, c/o Boland House, Guy's Hospital, London SE1 9RT.

Mark Cronshaw

Due to impending examinations we regret to announce that Mr. Mark Cronshaw, our News Editor, has temporarily retired. We look forward to his return in July.

Jim fixed it

Mr. Christopher Borrowdale, aged 4, from near Leeds, expressed a wish to become a doctor for one day to Mr. J. Saville, O.B.E., of the B.B.C. television programme *"Jim'll fix it"*. The film of his day at Guy's was broadcast on Saturday, 1st March, where he was shown around the Cardiac Department and Martha Ward, correcting several students' diagnoses on Ms. V. Thompkinson, and helping to get Dr. Youlton plastered. Congratulations are due to all concerned, especially Professor Lessof and Dr. Gordon Jackson, who presented a gold stethoscope on the programme, and also to Christopher for his remarkable self-possession.

Junior Lecturer in the Department of Medicine

Applications are invited for the post of Junior Lecturer in Medicine for one year. The person appointed will have the duties of a Senior House Physician, be responsible for some of the academic and curricular activities of the Department, and will have an opportunity of collaborating in research.

Salary will be as for an S.H.O. in Medicine.

Job description and application forms may be obtained from and should be returned to the Dean, Guy's Hospital Medical School. Closing date for applications is 30th April, 1980.

Guy's and St. Thomas's Historical Prize 1980

This may take the form of an essay and/or exhibit upon one of the following subjects:

(i) Some aspects of the history of hospital building illustrated by reference to Guy's and/or St. Thomas's Hospitals.

(ii) The history and future of organ transplantation.

(iii) The teaching hospital and its District population.

The prize consists of a sum of money (£60), and three years' honorary membership of the Worshipful Society of Apothecaries of London (Faculty of the History and Philosophy of Medicine and Pharmacy).

Essays should be typed, of not more than 5,000 words, three copies should be submitted of which the examiners reserve the right to retain one, publication will be encouraged.

Exhibits should be suitable and available for at least 6 months display in the Old St. Thomas's Hospital Operating Theatre.

The closing date is 31st May, 1980.

Entries to be sent to: The Director, Department of Surgery, Guy's Hospital, St. Thomas's Street, S.E.1.

The competition is open to students and staff of Guy's or St. Thomas's Hospitals and Medical Schools.

Guy's Hospital Medical School Scholarships 1980–81

Applications are invited for the following Scholarships for the Session 1980–81. Forms are obtainable from the Dean and should be returned not later than 30th April, 1980.

The Beaney Scholarship in Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology, and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £700.

The Arthur Durham Travelling Studentship

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of approximately £600.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health/and or disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years, but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £1,220 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

The Greville Studentship

The Greville Student, who is required to devote himself to original investigation in connection with the subject of Cancer, holds the appointment for a period of two years renewable annually for a further period of three years, making five years in all. The Studentship is of the value of approximately £220 per annum.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who trained at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to approximately £850.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance with possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine under the direction of the Professor of Medicine and may hold another appointment at the Hospital or School. The present value of the Fellowship is approximately £550 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the School Council except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £1,100.

Dates from the Medical Diary

March

Fri. 28 Applications for the Ian Howat Memorial Prizes and Draper's Company Awards must be submitted to the Dean by this date. Entries close for the Golding Bird Medal and Prize in Obstetrics and Gynaecology.

Mon. 31 Entries close for the M.B., B.S. (Revised Regulations) in June.

April

Wed. 2 Examination for the Golding Bird Medal and Prize in Obstetrics and Gynaecology begins.

Thur. 3 Entries close for the Charles Oldham Prize in Ophthalmology.

Fri. 4 Good Friday } Medical School

Mon. 7 Easter Monday } Office closed.

Wed. 9 Examination for the Charles Oldham Prize in Ophthalmology begins.

Fri. 11 Entries close for the Leonard Lubbock Prize in Chemical Pathology.

Wed. 16 Examination for the Leonard Lubbock Prize in Chemical Pathology begins.

Fri. 18 Entries close for the Gilbert Prize in Rheumatology.

Mon. 21 Final M.B., B.S. (Old Regulations) Examination begins.

Mon. 21 *SUMMER TERM BEGINS.*

Wed. 23 Examination for the Gilbert Prize in Rheumatology begins.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 2 months are 14th April and 19th May, 1980.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Clubs' Union News

February was a busy month, with much activity on all fronts.

Within Guy's, an immensely long period of voting finally ended; congratulations to the new Year Representatives. (See Hospital information.) I do hope that these Representatives feel welcome and that they enjoy the year.

At the request of 48 members of the Union, the second Extraordinary General Meeting in recent months was held on Tuesday, 4th March. The E.G.M. was requested to reverse the decision taken at the February A.G.M. to install contraceptive machines in Boland House. An ordered and lively discussion ensued, with all points of view well represented. The motion was defeated by 62 votes to 53; the facility is being arranged.

This decision terminates a tale that started in 1975, when the suggestion was raised in an attempt to achieve a quorate General Meeting. Since then, it has sporadically appeared on agendas; always provoking controversy, but never decided upon because meetings became inquorate before the end of the discussion. It is a triumph for the new Constitution that we have finally disposed of the "Contraceptive Machines" issue!

Upon this hotbed of discussion (which some would describe as frivolous), the Flowers Report burst with a drumroll of sobriety. It created great interest and equal confusion.

The recommendations entail larger student intakes to fewer schools, many years of academic unease, a shortage of jobs in academic departments and the loss of the Medical School title—all of which are viewed with dismay. However, the urgent need for a financial reorganisation is recognised by most of the student body *(??? Ed.)* perhaps this solution is the least unacceptable.

The Flowers Report was published at the same time as the report of the D.H.S.S. London Health Planning Consortium, entitled "Towards a Balance"; this attempted to reconcile acute hospital services with teaching requirements in the face of a declining population in Central London. It proposes that the Westminster Hospital becomes a supporting hospital to St. Thomas's (with a substantial decrease in acute facilities available at The Westminster), and it emphasises the need for the London teaching hospitals to form links with peripheral hospitals, both for teaching and for the provision of medical services.

Both reports contain radical proposals; modification may follow the heated discussions which have ensued.

The Clubs' Union, however, has a proposal of its own for the Summer; it is hoped to hold a Summer Ball during June. Feasibility studies are under way. The idea is to book a hotel for a meal and dancing with about 100 double tickets available to all Clubs' Union members.

Finally, the Guiness Grand Union Canal Medical Meander (The Guiness Walk), from Rickmansworth to Little Venice, is in late May. More information will be posted on the notice board during April.

DEB BROOKE.

Guy's and St. Thomas's (Part II)

by Mr. T. L. T. Lewis

This is the second of two articles based on an address given by the author at the 1979 United Hospitals Dinner.

In hurrying down through the centuries I note that the first complete translation of the Bible into English by Miles Coverdale was printed in 1536 in the precincts of St. Thomas's hospital; also the painting by James and Peter Nicholson of the stained glass windows now in King's College Chapel, Cambridge. In 1538 Henry VIII de-canonized Thomas à Becket, declaring him a traitor. He dissolved the monasteries, took possession of the hospital and all its wealth and closed it in 1540. It was refounded in 1552, named after St. Thomas the Apostle, given a Royal Charter by Edward VI, and placed under the protection of the City of London. At the beginning of the seventeenth century male and female foul wards were opened for the treatment of venereal, "French" or "lewd" diseases. Syphilis, gonorrhoea and soft sore were thought of as the same disease. Salivation was used for treatment. This was brought on by mercury administered internally or by inunction. It was followed by putting patients on the whipping cross for punishment as ordered by the governors. On March 15th, 1561, it was directed that no woman with child was to be admitted, since the hospital was "a house erected for the relief of honest persons, not of harlottes" . . . So much for obstetrics!

Eighty years later in 1642, the Court of Governors instructed the Matron, although she was "old and sickly", "to examine monthly all women patients suspected of being with child; and if she neglected to do so, *she* was to provide for the child born in the hospital".

St. Thomas's Hospital

In 1638 Charles I, succumbing to petticoat influence, persuaded the Governors to appoint a Dr. Grent, a relation of the Countess of Denbigh, to the staff. The doctor was unable to discharge his duties at a time when the hospital was having other difficulties; both the hospitaller, who was chaplain and administrator, and the matron were away in Jail. During the Civil War St. Thomas's sided with the Parliamentarians and received letters from Oliver Cromwell, also asking for the appointment of surgeons to the staff, signed, incidentally "Your very lovinge friend". In 1658 Thomas Hollyer successfully cut the famous Samuel Pepys for stone in St. Thomas's. Fired with enthusiasm he operated on 30 more patients, only four of whom died. Surgeons were, however, still being kept in their places. In 1687 it was ordered "That the anciente rule be adhered to that noe surgeon shall give anie physick to any patient". They were, moreover, a quarrelsome bunch. In 1696 Mr. Thomas Elton was suspended for assaulting a colleague in one of the wards. He was reinstated only to be finally dismissed for appropriating, for his own use, the money which the government paid to the hospital for treating 4,000 sick and wounded seamen from the war with France.

So far the story has concerned only St. Thomas's. In 1695 Mr. Thomas Guy was nominated a governor, "being a man of ample means likely to subscribe to the building fund". Not only had he been a most successful book seller and publisher of Bibles but he also had invested heavily in South Sea stock and sold out three months later, before the bubble burst, by which time his capital was worth five times as much as his investment. Thomas Guy, now raised to Esquire, took office as governor in 1704 when the customary green stave was sent round to him. He lived up to expectation and built for St. Thomas's a block of three female wards, costing £1,100 on the north side of the first square of the hospital, which he maintained at £100 a year.

Two stories serve to illustrate his character:

As a young man already successful in business, he was contemplating matrimony with the comely young maid who kept his house. According to the law, Guy was responsible for the construction of a pavement outside his shop. The maid, rashly presuming upon her expected promotion, took upon herself to order the workmen to extend the work so as to close the gap between her masters' pavement and that of his next door neighbours'. This so offended Guy's frugal nature that he abandoned all thoughts of matrimony.

Many years later Guy was leaning deep in thought over the parapet of London Bridge. A passerby, misled by his melancholy countenance, entreated Guy to refrain from self-destruction and pressed a guinea into his hand. Guy, roused from his reverie, warmly thanked the stranger and sought his name and address. Some years later Guy noticed the man's name in the list of bankrupts, looked into his affairs, settled with his creditors and re-established him in business, which prospered.

Thomas Guy was so impressed by the discharge ceremony of incurable patients from St. Thomas's, over which he presided in his turn as Governor, that he resolved to use his great fortune in building an extension to St. Thomas's for the relief of the incurable "by physick or surgery". For this purpose he obtained a 999 year lease of several parcels of land within the close proximity of St. Thomas's at a ground

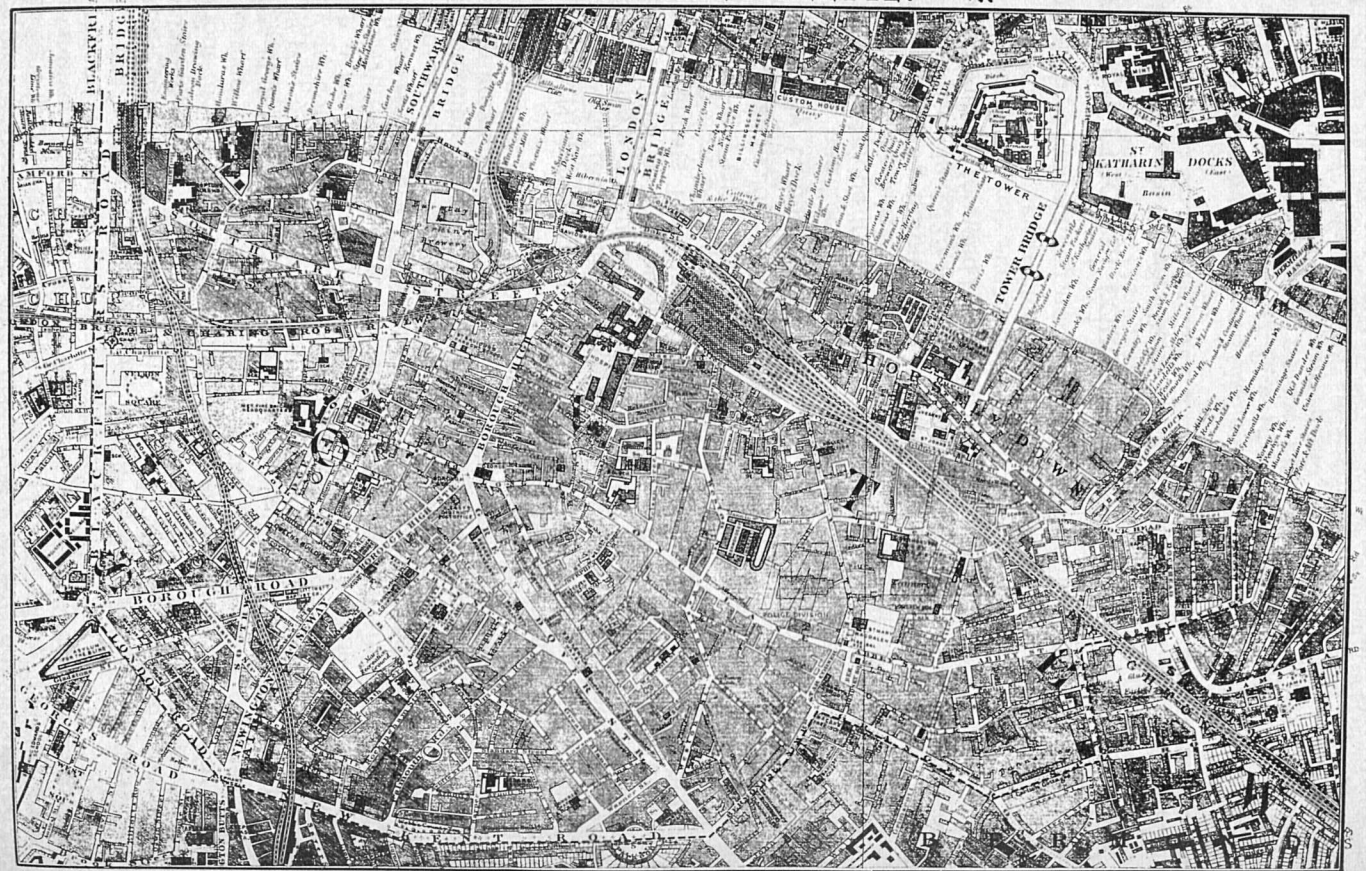
rent of £30 per annum. He then came under the influence of Dr. Richard Mead, an ex-physician and now a Governor of St. Thomas's, Dr. Mead trained in Leyden and Padua, became the most eminent and successful physician of his day and lived in a mansion in Great Ormond Street which later became the Hospital for sick children. Dr. Mead persuaded Guy to regard his hospital as one separate from St. Thomas's which, according to Guy's will, "if the executors and trustees shall not think fit to keep all or great part of our beds filled with sick persons deemed incurable, it shall be lawful for them to cause any number of the beds to be filled, and made use of in like manner, with like patients as the beds in St. Thomas's are ordinarily used".

Then began a century of close co-operation between the two hospitals, one on each side of St. Thomas's Street. From 1768 they were known as the United Borough Hospitals. By common consent medical teaching took place in Guy's and surgical teaching in St. Thomas's, where the great William Cheselden held sway until his unfortunate demise in Bath, from a surfeit of hot buns and ale in 1752. Thus, the Guy's surgeons were apprenticed at St. Thomas's. Astley Cooper was attached to Henry Cline before he was appointed to the Guy's surgical staff and he taught at St. Thomas's. He reached such eminence that jealousy and quarrelling arose. This came to a head when he resigned in 1825 and neither of his nominees, Aston Key (who married his niece) or Bransby Cooper (who was his nephew), was appointed lecturer at St. Thomas's in his place. With the help of the Guy's treasurer, Benjamin Harrison, a separate medical school was formed and Aston Key and Bransby Cooper appointed to the chairs of Surgery and Anatomy. There was no difficulty in setting-up a new school at Guy's because, with one exception, all the lecturers in the combined school were on the staff at Guy's.

Students continued to attend the operations at both hospitals. But this arrangement came to an abrupt end in 1837 when a free fight broke out in the men's operating theatre in St. Thomas's. Sir Robert Peel's new police were called in by Mr. J. F. South and nine students were arrested. At Kingston assizes they were bound over when the Chaplain and Steward testified how blameless hitherto had been the lives of the culprits.

Now the split was complete, except for one shining exception; this Dining Club, which has been in existence since 1828 for the express purpose of keeping the staffs of the two hospitals together. It has quite a reputation to live up to. J. F. South, a founder member of this club was appointed to the St. Thomas's teaching staff in place of Astley Cooper. He records that it was traditional to sit at the Club's dinners in order of seniority. South, as the most junior member, was placed at the far end of the table. As the evening wore on, the diners were, one by one, overcome by their potations and South moved up and up until he found himself sitting next to the Chairman!

It is with the customary modesty of a Guy's man that, owing to the pressure of time, I merely refer, in passing, to the "Great Days of Guy's" in the 19th century; to the achievements of the great physicians, Addison, Bright and Hodgkin; to those of the great obstetricians, James Blundell, the first to give a successful blood transfusion in man, and to remove


BLACKFRIARS BRIDGE
SOUTHWARK BRIDGE
LONDON BRIDGE
THE TOWER
TOWER BRIDGE
ST KATHARINE DOCKS
BOROUGH ROAD
NEW KENT ROAD
LONDON ROAD
CHARING CROSS
THE DOWNS
London, Stanford's Geog! Estab!

the uterus for cancer; John Lever, who discovered albuminuria in eclamptics; and Braxton Hicks whose name is still associated with uterine contractions in pregnancy and bipolar version. Blundell, by the way, attended the anniversary dinner which led to the formation of this Club and both Lever and Braxton Hicks were members.

May I now, in conclusion, reveal some little known facts about the move of St. Thomas's away from the Borough in 1862 for which I am indebted to F. R. Kilpatrick. When the South Eastern Railway announced in 1859 that they were appealing to Parliament for powers to extend their line through a part of the property of St. Thomas's there was, at first, disbelief that such a thing could be allowed to happen. This was followed by indecision and debate in the hospital over the best way to solve what was by then regarded as an impossible situation, with a rival hospital just across the road. Two influential people were Mrs. Wardroper, the matron since 1854 and Mr. R. G. Whitfield, the "Grand Hereditary Apothecary" since 1832 who was for all practical purposes superintendent of both the hospital and the school. Mr. Whitfield, by the way, had just been accused by one of the governors of having consumed 942 gallons of porter and 36 tons of coal in a year, but an investigation showed that this was part of his payment and extended over 30 years. Now these two were personal friends of Miss Florence Nightingale—they both favoured moving-out and enlisted her support. She responded by writing to the Prince Consort, (who was a St. Thomas's governor) and expressed her own faith in the future of a new St. Thomas's by establishing in 1860 (two years before the move) the Nightingale Training School for Nurses at the hospital. I bring this matter up now because there is another joint venture between our two hospitals, the Olive Haydon School of Midwifery, for Pupil Midwives, which began in July 1976, and which flourishes.

Finally, I would like to leave you with a thought in your minds.

There has been a hospital for the care of the sick at the south end of the bridge in Southwark for more than nine centuries, meaning that it is for certain the oldest foundation in London. St. Thomas's move away from the Borough in 1862, however, left the annexe built by Thomas Guy in 1725 as the sole remaining legitimate offspring of the parent hospital founded before the Norman Conquest.

London Medical Education – A New Framework

A summary of the Flowers Report by Mark Powlson

The Working Party on Medical and Dental Teaching Resources, chaired by Lord Flowers, F.R.S. (Rector, Imperial College of Science and Technology) reported on the 26th of February. This study was commissioned by Lord Annan, Vice-Chancellor of the University of London, as the first stage in an attempt to reduce the costs of the numerous constituent colleges and institutes of the University. The medical and dental schools were chosen for investigation first because

of the 1974 reorganisation of the N.H.S. and the implementation of the recommendations of R.A.W.P., combined with the continuing rise in the proportion of the total University Court resources made available to medical and dental schools (from 30.6% in 1969/70 to 35.5% in 1978/79).

The Flowers committee (which comprised the Chairman, Mr. Brian Bailey, Prof. Sir John Butterfield, Prof. A. H. Crisp, Prof. J. H. Kellgren, Prof. N. F. Morris, Mr. J. R. Stewart and Mr. C. F. Seath, secretary) started the enquiry in March 1979. Their terms of reference were that:—

"1. The Working Party should make the following assumptions:—

(a) The current agreed target of undergraduate and postgraduate students be maintained.

(b) The total funding of medical and dental education in the University will not be reduced as a direct consequence of any recommendations by the Working Party.

(c) The Working Party should have regard to the possible effects of demographic trends and to D.H.S.S. resource allocation in London."

"2. The Working Party is requested:—

(a) To recommend what redeployment of resources available for medicine and dentistry should be adopted to maintain the present standard of medical and dental education and research in London.

(b) To recommend, in the event of closure or radical reorganisation of one or more medical schools or institutes being deemed necessary, which institutions these should be; and to indicate how the student places and staff of the institutions concerned could be transferred progressively to other medical schools or institutes without reducing either the overall medical and dental student numbers or the finance available for medical and dental teaching to London generally.

(c) To recommend what administrative arrangements should be made such as would enable any redeployment or closure proposed to be achieved over a reasonable period and in such a way as to minimise the consequential hardship to staff and the dislocation of students, teaching and research.

(d) To report to the Vice-Chancellor on completion of their task in 1980."

At present there are thirty-four separate medical and dental institutions within the University. The Flowers Report recommends that these be regrouped into six schools of medicine and dentistry:—

University College School of Medicine and Dentistry

University College Faculty of Medical Sciences; University College Faculty of Clinical Sciences; (Middlesex Hospital Medical School); (Royal Free Hospital School of Medicine); (Institute of Orthopaedics); (Institute of Laryngology and Otology [less neuro-otology department]); Institute of Neurology (plus neuro-otology department); Institute of Child Health; London School of Hygiene and Tropical Medicine. Preclinical departments to be located partly at University College and partly at the Middlesex Medical School. Preclinical intake 240; clinical 270.

Lister and St. Thomas' Joint School of Medicine and Dentistry

(King's College Hospital Medical and Dental School); (Guy's Hospital Medical and Dental Schools); St. Thomas' Hospital Medical School; Institute of Psychiatry. Preclinical departments partly at St. Thomas's Hospital Medical School, partly at the Lister School. Annual medical preclinical student entry of 250 plus 60 students from Oxford and Cambridge for the clinical course. Dental student entry 120 until the dental school of St. Mary's can take undergraduates.

Harvey School of Medicine and Dentistry

To be associated with Queen Mary College (St. Bartholomew's Hospital Medical College); (The London Hospital Medical College and Dental School); (Institute of Urology); Institute of Ophthalmology. Preclinical departments at Charterhouse Square with entry of 250; clinical 260.

St. George's School of Medicine and Dentistry

Abandonment of plans to move Chelsea College to Tooting regretted. St. George's Hospital Medical School; Royal London School of Dental Surgery; Institute of Cancer Research; (Institute of Dermatology). Preclinical entry 180; clinical 200.

St. Mary's and Royal Postgraduate School of Medicine and Dentistry

A Joint School with the St. Mary's and Royal Postgraduate medical schools remaining on present sites. St. Mary's Hospital Medical School; Royal Postgraduate Medical School; Institute of Dental Surgery; (certain activities of the Institute of Obstetrics and Gynaecology). Preclinical entry 120; 130 for the clinical course.

Charing Cross Medical School

Charing Cross Hospital Medical School; Cardiothoracic Institute; (certain activities of the Institute of Obstetrics and Gynaecology). Preclinical entry 160; clinical 180.

Thus the report recommends that Guy's Hospital Medical and Dental Schools integrate with King's College Hospital Medical and Dental Schools, to become the "Lister" Medical and Dental School, with the administrative base on the Guy's site.

This "Lister" Medical School shall integrate with St. Thomas's Medical School, to form the "Lister" and St. Thomas's School of Medicine and Dentistry, which will have preclinical teaching on the St. Thomas's and Guy's Hospital sites—with the end of preclinical teaching at King's College in the Strand. Clinical students will have available the appropriate facilities at Guy's Hospital, Lewisham Hospital, King's College Hospital, St. Thomas' Hospital, The Maudsley Hospital, and Bethlem Royal Hospital.

The integration of teaching at Guy's, King's and St. Thomas' is seen as a step towards a reduction in costs, and has been made in consultation with the London Health Planning Consortium, which projects that the number of acute beds associated with each of these hospitals will need to be substantially reduced *(vide infra)*.

In conclusion two points should be emphasised: the Flowers Working Party report contains recommendations for change—the decision as to implement them has not yet been made. Lord Annan invites all those who wish to oppose any of the recommendations to put forward alternative proposals (with corresponding benefits) for those problems to which they think the working party found the wrong answer —while also taking into account the report of the London Health Planning Consortium. Secondly the proposal to call the King's/Guy's integrated School the "Lister" does not mean that the names of the Hospitals will change—only the names of the Schools (though many may consider that too much!).

London Health Planning Consortium

A summary of their February report by Mark Powlson

The L.H.P.C. issued a report at the same time as that of Lord Flowers, entitled "Towards a Balance: a framework for acute hospital services in London" reconciling service with teaching needs. This discussion document is an attempt to suggest changes in the pattern of hospital services in London, in line with real requirements and the

MEDICAL SCHOOL: Guy's Hospital School, Guy's District, Lambeth/Southwark/Lewisham AHA(T)
ANNUAL CLINICAL INTAKE: 120
COMPLEMENTARY DISTRICT: Lewisham District, Lambeth/Southwark/Lewisham AHA(T) (Lewisham Hospital)

	Row	*SUBJECT*			
		General Medicine (including 100% of neurology and cardiology beds)	*General Surgery*	*Paediatrics*	*Gynaecology*
Beds required on UGC guidelines	(1)	240	240	60	60
Total beds in Teaching District 1977	(2)	334	178	60	50
No. of beds used for teaching within the district 1977	(3)	307	142	60	33
Total beds in Teaching District 1988 (5)	(4)	258	154	52	37
Total beds in Complementary District 1988	(5)	117	101	37	32
Shortfall or surplus of projected Teaching District beds compared with:					
UGC Norms (Row 4–Row 1)	(6)	+18	–86	–8	–23
1977 bed use (Row 4–Row 3)	(7)	–49	+12	–8	+4
1988 total beds compared with teaching needs Row 4 & 5–Row 1)	(8)	+135	+15	+29	+9

Table 1

Main Hospitals		Complementary Hospitals	Other Hospitals in Teaching Districts* (excluding complementary hospitals)
London	Available beds 1977 = 574 Illustrative beds 1988 = 570	Newham	Bethnal Green Mile End Mildmay Mission London Jewish
St Bartholomew's	Available beds 1977 = 741 Illustrative beds 1988 = 740	Homerton	St Leonard's St Mark's
			[3] Total available beds 1977 = 804 Total available beds 1988 = 480
Royal Free	Available beds 1977 = 655 Illustrative beds 1988 = 650	Barnet General/Edgware General/North Middlesex	Coppetts Wood
St Mary's W2 and W9	Available beds 1977 = 587 Illustrative beds 1988 = 450	Central Middlesex	St Charles' Paddington Green Children's Samaritan Hospital for Women Western Ophthalmic
Hammersmith	Available beds 1977 = 484 Illustrative beds 1988 = 480	Ealing	Acton
Charing X	Available beds 1977 = 601 Illustrative beds 1988 = 600	St Stephen's West Middlesex	West London St Mary Abbots
University college Middlesex	Available beds 1977 = £1,004 [1]Illustrative beds 1988 = 850	Whittington	Elizabeth Garrett Anderson National Temperance Royal London Homoeopathic St Pancras Hospital for Women, Soho
			[4]Total available beds 1977 = 1,231 Total available beds 1988 = 680
St Thomas'	Available beds 1977 = 824 [2]Illustrative beds 1988 = 650		South Western Westminster Westminster Children's Gordon
Guy's	Available beds 1977 = 656 Illustrative beds 1988 = 650	Lewisham	St Olave's New Cross
King's	Available beds 1977 = 503 Illustrative beds 1988 = 500	Croydon/Bromley	St Giles Dulwich Belgrave Children's
			[5]Total available beds 1977 = 1,360 Total illustrative beds 1988 = 630
St George's Tooting	Available beds 1977 = 242 Illustrative beds 1988 = 700	St Helier Queen Mary's Roehampton	St George's, Hyde Park Corner St James' South London for Women and Children Atkinson Morley Bolingbroke St Benedicts
			Total available beds 1977 = 1,101 Total available beds 1988 = 380

Notes: *Since the 1977 DHSS Hospital Returns (Form SH3) were printed some hospitals have been closed, permanently or temporarily. Beds in such hospitals in 1977 are included in the totals but the names of those permanently closed have been left out.

1. 1988 total excludes 150 beds allowed for possible relocation of postgraduate hospitals.
2. 1988 total excludes 180 acute beds currently in St Thomas' Hospital South Wing.
3. Excludes Eastern and Hackney hospitals in 1977 total (345 beds)
   Excludes Homerton in 1988 total (270 beds)
4. Excludes St Stephen's in 1977 total (451 beds)
   Excludes St Stephen's in 1988 total (450 beds)
5. Includes Westminster, Westminster Childrens and Gordon Hospitals in 1977 total (521 beds)
   Includes Westminster, Westminster Childrens and Gordon Hospitals in 1988 total (100 beds)

Table 2

recommendations of R.A.W.P., whilst not producing damaging consequences for medical and dental education. The report attempts to identify the lines of development along which future planning might proceed—and the decisions upon the proposals are for the Government and the appropriate health authorities to take.

The proposals for the acute beds of London's teaching districts are summarised in table 2. It is suggested that whereas the total beds available in 1977 were 12,163, by 1988 there should only be 9,930.

A more precise breakdown for Guy's is given in Table 1, where the rows represent:

1. beds "required" for planned clinical intake under U.G.C. guidelines.
2. total beds available in teaching district in 1977.
3. number of beds in 2 actually used for teaching.
4. total beds expected to be available in teaching district in 1988, assuming all beds available for teaching.
5. total beds available in complimentary district in 1988.
6. difference between beds in 4 and U.G.C. requirements.
7. difference in beds in 4 and current levels of provision (i.e. reduction/increase of facilities by 1988).
8. difference between beds likely to be available in both teaching and complementary districts in 1988 and the U.G.C. guidelines.

Report Of The 29th Annual Guy's Hospital South Wales Society Dinner

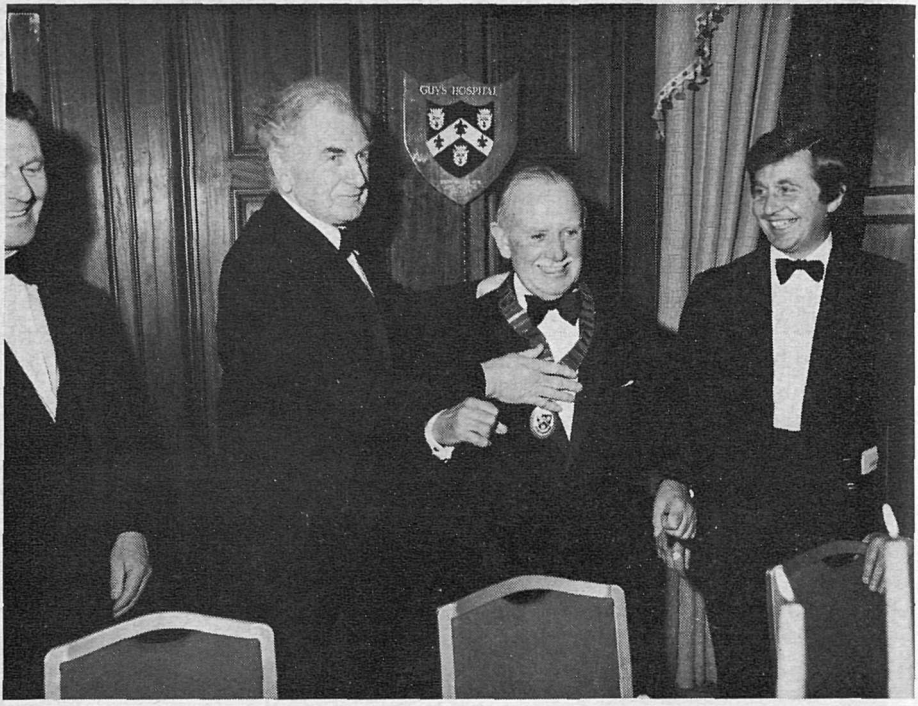
by **Mr. C. E. C. Lewis, Hon. Sec.**

The 29th Annual Dinner of the Society took place on St. David's Day, 1980 in the Park Hotel, Cardiff. 59 people were present including the invited guest speakers from Guy's—Prof. Tony Naylor and Prof. Tim Clark.

The Dinner itself was excellent and the only diversion from wining and dining was the late arrival of several people, no doubt delayed by excessive zeal to continue celebrating the Welsh Rugby team's victory over Scotland earlier in the afternoon.

Other guests present included an editor of the *Gazette*, and Dr. Hugh Burry—returned to Britain for a 6 months stay in the Rheumatology Dept. and imported to revive the fortunes of the 1st XV! Dr. Burry had spoken the same morning, at a meeting of the South Wales Group of the British Association of Sport and Medicine. This meeting was, incidentally, organised by another Guy's colleague and former Rugby Club Captain, Dr. John Davies.

At the commencement of the Dinner the outgoing President of the Society—Dr. Myrddin Davies—handed the chain of office to this year's President—Mr. Lewis James—of Swansea.



Above: this year's President, Mr. L. James, being presented with his chain of office by Dr. M. Davies, his predecessor.

Grace was said in "the native tongue" by Mr. Dafydd Roberts a former President of the Society and this year's president of the British Dental Association.

Mr. Lewis James in his address reminisced of his student days in the Dental School and told several excellent jokes (not for publication) before proposing the Toast: "Guy's Hospital".

Prof. Naylor replied to this toast and spoke about matters which all present were awaiting with interest, referring of course to the long awaited "Flowers Report" with its repercussions on "The Hospital", and its traditions. The proposed amalgamation of the Schools of St. Thomas' Hospital, King's College Hospital, and Guy's Hospital was received with sadness but news that the Hospital would strive to keep its identity, if possible, kept spirits high however and news of the many names and characters from Dental School life mellowed the hearts considerably.

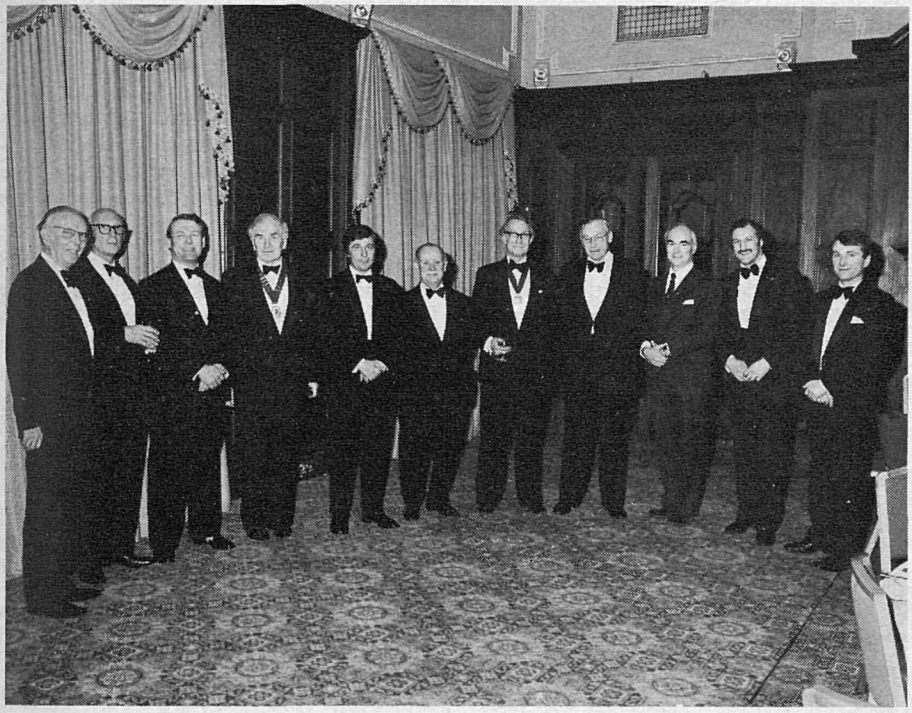
Prof. Clark in turn proposed the toast: "The South Wales Society" at the end of a stimulating speech covering many names and places dear to the memories of all in attendance.

Prof. Naylor and Prof. Clark were both presented with Society ties and Life Membership Cards by Dr. Tony Thomas, who mentioned sadly that Mr. Morwent Brown was unable to attend because of ill-

health. Morwent Brown was one of the instigators of the Society and had been directly involved in each of the 28 previous dinners. The assembled company rose to drink a toast: "To Morwent".

Dr. Thomas also pointed out that Dr. Harry Freeman, another regular at the Dinner, unfortunately had been taken ill a week prior to the night and all wished him a speedy recovery.

Following the usual attempt to receive the minutes of the last Annual Dinner and other announcements, the majority of people retired to the bar where Messrs. Sturdy, Webb and Co. showed that voices and enthusiasm never fade. Jock Stares provided piano accompaniment until the early hours. A fitting end to an excellent day.



Above: (L. to R.) Dr. A. Thomas, Mr. H. Harley, Prof. T. Naylor, Dr. M. Davies, Prof. T. Clark, Mr. L. James, Mr. D. Roberts, Dr. R. Webb, Mr. E. James, Mr. C. Lewis, Mr. G. Lewis.

The Past vs. Present Weekend (16/17 Feb.)

by **Gareth Parry**

The Past vs. Present weekend began under a cloud for the large Welsh contingent attending, Wales had been defeated at Twickenham

and the M4 had been flooded with tears *(??? Ed.)* from down the valleys.

Still the tone of the weekend soon lightened when the Welsh explained that they had not lost to England, England had only scored more points!

As always Steve Challacombe had organised a marvellous evening for the Saturday night with a cold buffet which even defeated the appetite of a certain second-row forward well known for gastronomic excess.

Mr. T. L. T. Lewis, President of the Club, then took the floor with his own well known brand of gynaecological humour. Dr. Hugh Burry was then pressed to speak by popular acclaim and made some significant points about how the increasing emphasis on an academic entry to Medical and Dental School was not necessarily producing the best doctors and dentists and that sportsmen in general had much to offer the profession in terms of understanding and communicating with patients.

The evening then continued in the time-honoured manner with the quaffing of vast amounts of ale, which was evident in the hangovers of next afternoon when the match was due to be played. Steve Challacombe had organised a formidable side including internationals Hugh Burry and John Novak.

The Past took an early lead by a penalty from Danford and looked capable of narrowing their deficit in the series of 5 wins to 3, especially with Danford in form with the boot. Fortunes swayed throughout the afternoon but Guy's Present ran out 21–18 winners after a try and some good kicking by Francis had tipped the match in the Present's favour. The Past now voiced on the opinion that *they* had not lost the match, just scored fewer points. A new feature was the Past vs. Present second team game in which the teams were divided by one score by Mike Owen for the Past, so honours were even on the day.

The evening continued with the usual excellent spread provided by Joyce, and with the added interest of the portfolio of old Guy's team photographs to jog memories and stories of the past.

Alistair Cooke, captain of the Past XV, talked about how Guy's rugby was an integral part of the hospital life and Brian Keevil, captain of the first XV, as usual talked about food. Paul Keen deserves plaudits for organising and refereeing the second team fixture which greatly enhanced the numbers and atmosphere of the occasion.

During the match, the ageless Dr. Hugh Burry had unfortunately suffered a dislocated shoulder, and while being attended to on the sideline by Dr. John Davies gave an insight into his character by expressing annoyance that this was almost the only injury he had not previously received during a long and distinguished playing career and on top of it all wasn't sure if he'd be fit for next Saturday.

Past: Portelly, Novak, Moore, Cooke, Harker, Danford, Laws, Evans, Lewis, Want, Rigg, Challacombe, Loxton, Burry, Neville (Sub: Stuart).
Present: Francis, Jennings, Maggs, Jones, Reece, Bundy, Duckworth, Parry, Rose, Neill, Keevil, Popplewell, Flanagan, Brazier, Mihill.
Ref.: R. Howgill.

Has The Pendulum Swung Too Far ?

by **Dr. Philip Helliwell**

It was inevitable that in writing something about the history of the post of Superintendent, and of its incumbents over the past century, I should draw comparisons with administration in the Health Service today. I ended my two articles by contrasting the near dictatorship of "King Harrison" with today's idea of "management by consensus agreement" and asked the question which forms the title of this article. The views which I express are, of course, entirely my own.

The Department of Health and Social Security has recently published a Consultative Paper on the structure and management of the National Health Service in England and Wales entitled *"Patients First"*. Paragraph 4 of the foreword to that document reads—"It is doctors, dentists and nurses and their colleagues in the other health professions who provide the care and cure of patients and promote the health of the people. It is the purpose of management to support them in giving that service. The efficient management of the Service is, therefore, of the highest importance, not least when resources are tight. The more economical it can be, the more resources there will be for patient care. On the quality of management will depend the effective planning and day to day operation of the National Health Service."

I think most members of the health professions would go along with that statement. Unfortunately some administrators do not always give the impression that they see themselves in a supporting role.

For the purpose of this article, administrators may be divided into two groups. Firstly those who are working at what may be termed the operational level and this includes the officers of the District Management Team and below, and, secondly, those who are involved at Area level and above. It is, of course, the latter group who are viewed by the clinicians with the greatest suspicion. I am using the word clinician to include all members of the health professions who are in direct contact with patients. To them the problem is a simple one. The object of the Health Service is to care and cure patients and promote the health of the people. Clinicians find it very difficult indeed to imagine how many of this second category of administrators significantly influence that objective. This may be harsh criticism but the clinician who is being forced to reduce service because of financial restrictions cannot help but look at it in this light. If we really do put our patients first, can we justify the way a lot of the money is being spent?

It is, however, the first group of administrators, those at the operational level, with whom I am really concerned. They are the ones on whom the wrath of the clinicians falls because they are the poor unfortunates who are in direct contact with them. It is hardly surprising, in view of the difficulties they have to face, that they have become a furtive race who arrive at work laden with briefcases, heavy with paper they have taken home to read in a vain endeavour to keep pace with the volume of instructions they receive from above. They then hurry into their offices to hide behind more mounds of paper in case any irate clinician should manage to penetrate the barriers of secretaries and

typists and intercom switchboards. They only leave their office to hurry to yet another meeting and seldom set foot in the wards and clinics because if they do they will only be faced with yet more problems.

Why has management at this level become so difficult? There is no doubt that the problems have multiplied out of all recognition in the past few years.

Firstly, I think there is the change in attitude to discipline and obedience we as a nation have undergone. This is reflected everywhere. I am convinced, for example, that this change has significantly increased the incidence of drug errors which occur. For a more obvious example, take the problem of car parking within the hospital grounds. It is pointless to paint double yellow lines on roads. Nobody takes any notice of them and if a porter is instructed to try and control parking he suffers so much abuse, verbal and sometimes physical, often from people who ought to know better, that he quickly finds something else to do.

Secondly, the reorganisation of 1974 was a major factor, particularly for hospitals who had enjoyed a statutory authority, at their level, in the form of Boards of Governors.

The Royal Commission summed up its criticisms as:

— too many tiers
— too many administrators in all disciplines
— failure to take quick decisions
— money wasted.

The Consultative Paper says: *"The Government have no doubt that these criticisms are well founded and that morale in the Service has suffered as a result"*. The frustrations which the administrator at district level now suffers, as a direct result of reorganisation, has shaken the most resolute character. It is no consolation to those of us who were involved in the discussions prior to the reorganisation of 1974, between the D.H.S.S. and Management Consultants on the one hand, and the representatives of St. Thomas', King's and Guy's Hospitals on the other, that our warnings that this would be the outcome passed unheeded, nor that the Consultative Paper now proposes to abolish the Area Tier which we tried so hard to eliminate in the first place.

The third and possibly most serious development has been the introduction of industrial action by hospital staff for financial and even political motives. This produced difficulties enough when non-professional staff were involved but when the medical profession used this weapon the whole image of a dedicated service was irretrievably ruined. Whether the financial gain which was obtained was worth the loss of stature which the profession suffered is open to debate. The stature of the nurses possibly suffered even more. The outcome has been a catastrophic loss in respect for doctor and nurse which has led to a situation where striking pickets of a non-professional union have dictated which patients should receive treatment and which should not. Only recently a District Administrator at another University hospital told me that he could not instruct his catering staff to make any special preparations for the entertainment of important visitors without the permission of the shop steward concerned. How can management manage under such a handicap?

The changes within the nursing profession have had profound repercussions everywhere. None has had a more far reaching effect on the administrative structure, and in my view the care of the patient, than the virtual disappearance of the ward sister who was the captain of her ship. She was the key manager in the whole hospital structure because she co-ordinated every factor, direct and indirect, which affected the care of the patient. I am well aware of all the arguments which have led to this lamentable loss. A great deal of lip service is paid to what is described, in modern jargon, as job satisfaction. How sad it is that the pressures of modern values have destroyed a job which gave so much reward. What a reflection it is on the society in which we live that because an occupation has so little political "clout" its members have had to resort to actions which must have been anathema to many of them in order to obtain a salary on which they could exist.

The problems which now face the district administrator would seem like an unpleasant nightmare to his counterpart of even twenty years ago. He cannot make any decision of importance without referring it to "higher authority" and as the Royal Commission points out there will be a long delay before he gets an answer. For practical purposes, he has no power other than his own persuasive talents to get his instructions carried out. All too often he is under the threat of major industrial unrest amongst his non professional and sometimes professional staff. He is continually receiving instructions from above about situations which clearly have never been faced by those from whom they emanate. The professional staff blame him for everything that goes wrong and if anything happens that passes for "news" he has to answer to a hostile and frequently biased press. Finally, if he is a successful manager despite all those handicaps, he can only gain promotion by applying for a post which takes him away from the place where he is most useful.

The Consultative Paper also states that the professional advisory machinery is to be modified *"to ensure that the doctor's voice is fully heard by the health authority"*. I am clearly biased in this respect and make no apology for it but I am convinced that the arrangement which evolved at Guy's and which was working prior to 1974, was infinitely more effective than I have seen since in hospitals with more orthodox organisations. I accept that the "district" concept complicates the problem but I see no reason why, if the suggestions made in the Consultative Paper become established, that a similar system should not be devised.

The vital aspects of the arrangements then as I see them are as follows:—

1. The Superintendent was a clinician of some years standing (i.e. he had surmounted the same hurdles as the rest of the clinical staff) who had already shown an interest in administration, and was invited to undertake the task by both his senior colleagues and members of the Statutory Authority.
2. He was an officer of the Authority and as it was a career post he became just as experienced as his fellow officers, the Clerk and the Matron. An important point which the Chairman of a Medical Committee, who changes frequently, can never achieve.
3. The Board conducted its agenda under three headings, Superintendent's business, Clerk's business and Matron's business. This

automatically ensured that everything which had a clinical application or affected the clinical staff came under the jurisdiction of the Superintendent. It also defined exactly the responsibility of each principal officer.

4. As the executive officer of the Medical Committee, he relieved the Chairman of all day to day involvement in administration. This meant that the Chairman need not sacrifice an unacceptable amount of his time to the job and, therefore, could serve for longish periods without hardship.
5. The Chairman of the Medical Committee and two or three other senior consultants were members of the Statutory Authority (Board of Governors) and could, therefore, support, or monitor, the presentation of medical matters by the Superintendent to the Board.
6. The Superintendent investigated all complaints and incidents of a clinical nature, and was in a position to follow them up immediately whilst the trail was hot in a way in which no lay administrator can possibly do.

Space will not allow comments on the "cogwheel" system of medical advisory machinery. Members of the Guy's consultant staff, who have enjoyed full representation in the administration for over a hundred years, may not fully appreciate the problems of their colleagues in other hospitals. Suffice it to say that, in my opinion if the clinical staff are to enjoy a situation where "the doctor's voice is fully heard by the health authority" at least one of their members has got to be prepared to give a substantial part of his time, over a prolonged period, to act as their representative.

Loot – Guy's Hospital Theatre Club

by David O'Flynn

Joe Orton's second play, "Loot", was the Theatre Club's latest production, being presented in the Ballroom on the 6th and 7th of March. It is a fast-moving, and (supposedly) fun-packed play, with a plot as complicated as that of any early French farce. It is centred on the ramifications of two crimes which were committed before the play begins, the first of these being the murder of a dying lady by her nurse *("Had euthanasia not been against my religion I would have practised it. Instead I decided to murder her.")*—possibly as part of a plot to marry the lady's husband, maybe out of pity, maybe as a psychopathic act. One isn't really told—although it is clearly not the first time that she has done so. The second crime is a bank robbery perpetrated by the lady's son and his friend, who is, by coincidence, the undertaker at the funeral. The police arrive, posing as the water board *("The water board doesn't require search warrants.")* and proceed to investigate the theft. There follows more than an hour of merrily moving the corpse and the money around the set, whilst trying to avoid discovery by the police and the bereaved husband—a period punctuated with anti-Catholic jokes, anti-police jokes, death jokes, anti-middle class jokes, and

Above: (L to R) Andy Kent, Simon Harley, Claire Roberts, Al Black & Mark Powlson

(almost unavoidable in any Guy's play) medical jokes. The plot is sewn up with the nurse and the policeman sharing the proceeds of the burglary with the two adolescents, with the nurse avoiding arrest for murder because of the decomposition of Mrs. Macleavy's insides when the hearse carrying the remains catches fire in an accident. Meanwhile the husband is arrested, because he will not be a part of it *("I don't want money. I'm an honest man.")*

This plot at times seems to be a cheap vehicle, merely intended to allow Orton to heavily and all too obviously state his view as to hypocricies prevalent in the Establishment. It might have been more convincing had Orton been less profligate with his targets, and taken a more steady aim: it is certainly interesting to note that Orton did not view the play as being a real comedy.

Neil Deuchar's cast were, I feel, let down by this material. The old-stagers, Mark Powlson as the husband (amazingly his last appearance on the Guy's stage was 18 months ago!), and Al Black as the policeman, put in very good performances—although their characters (perhaps intentionally) came over as archetypes, rather than real people in this naturalistic setting. Their performances were well supported by those of Claire Roberts as the flirtacious nurse; Simon Harley as the "Teddy boy" son; and Andy Kent as the undertaker: these three acted well when they were speaking or had definite actions, although they sometimes failed to succeed in appearing part of the play when they were not in its centre. Dasos Zangouras, as the second policeman, made considerable use of his three lines.

The set was very complex, and it was evident that a great deal of work had been done by Neil, Dan Hegarty and Lindsay Barker. It was

limited, however, by the small size of the available stage, which tended to make the numerous and complex actions seem cramped. The lighting could have been more imaginative, but again the Ballroom is not an ideal venue—although I have seen better lighting there in the past.

The production showed that there was talent in the actors and the director, Neil Deuchar, and that a lot of hard work must have been put in by all concerned. It was enjoyed by the audiences on both nights (and these were of a good size for the Ballroom), and continues the Club's present run of success. It also bodes well for the future, as the director, and four of the cast, are in their first year at Guy's. This should prove a good experience for them—although I suspect that they did not envisage that the play would be as complicated to stage as it eventually proved to be!

Open the box; take the money!
(Photos: Neil Deuchar & Simon Harley)

Second B.D.S. Party

by Andy Girling

A good time was had by all in the Ballroom on the 25th January. A great buffet and free bar added extra dimensions to the disco and Basil's Band. We even had a controversial review . . . maybe too controversial. The 2nd Year dentists had rallied hard and produced an infamous evening . . . never to be forgotten by one and all!! A raffle and tombola were held of unique and previously unknown standards . . . and raised £160 and masses of bargain hunters left the party the richer.

So many thanks to all those helpers, particularly Tony Liddell, D. Alun Jones and Chris Birtwhistle, and of course those who helped to clear up so much mess afterwards. Also many apologies to anyone hurt or offended by the review . . . best of luck to them next year!!!!

Special thanks to Lillywhites who provided a tennis racquet, and Thompson's for their squash racquet, Mr. Fowler at Fowler's Restaurant for the gallon of scotch, and all the others listed below who generously gave for the charity Spina Bifida and Hydrocephalus.

Alan Brett Cannon; Carwardine's Coffee Roasters; Locksmiths; Morland Adams Ltd.; Shoe Repairs; Liff Chemists Ltd.; Smith's Patents; Rymans; Sheas Tailoring; Davy's of London; Marks & Spencer Ltd.; Peter Dominic; Peter Jones; Peek Freans Co. Ltd.; J. Sainsbury Ltd.; W. H. Smith & Son Ltd.; Watneys London Ltd.; Young & Co.'s Brewery Ltd.; The Monument Tavern; Mitre Tavern; Lautrex Wine Bar; Punch's Club; Southwark Tavern; The Wheatsheaf; The Brittannia; The Guy's Arms; The Horseshoe; The Ship; The Valentine & Orson; Mr. Jamil, 272 Old Kent Road; Mr. M. J. Carter, 290 Old Kent Road; Popular Book Centre; Princess Elisabeth Paddle Steamer; The London Store; The Cannon; Cooper's Arms; Queen's Arms; The Sugar Loaf; Whitington's Wine Bar; The Loose Vine; The Globe; El Vino Co. Ltd.; King's Head; The George; The Whitesmiths Arms; The Old Miller of Mansfield; Eileen's; Wavy Line Food Market; Jaqdish M. Pardya, 246 Old Kent Road; John Bennet & Co. Ltd.; The Ward & Marigold; The Jolly Tanners of Rothsay; World Turned Upside Down; The Frog & Nightgown; Surrey Arms; Thomas Becket.

Leap Weak Report

by **Deb Brooke**

Guy's Hospital Charities' Week 1980 raised approximately £2,000, which is double last year's profits. This sum exceeded our wildest expectations and was largely due to the stalwarts who dressed in surgeons' gowns and collected £800 on London Bridge station. One methodical collector calculated that one in thirty commuters donated, which proves that fancy dress attracts a tremendous amount of attention.

All the events were enjoyable and well-attended. The week started on Saturday, 23rd February with a "Black and White" Disco; most people wore black and white—some wore less than others . . . the enthusiasm continued on the Sunday when about 30 sponsored Treasure Hunters followed clues around the City of London, in spite of the dreary weather. Geoff Ramin and team won the bottle of champagne kindly donated by the Anchor Pub.

The Panel Game, based on "Just A Minute", appeared for the first time at Guy's; it was a great success and we are grateful to the courageous members of staff who performed.

Courage of a different nature was required at lunchtime on Wednesday, when Tug of War teams and Wheelchair Racers competed for prizes donated by the Medical Defence Union.

"The Greeks", a team largely recruited from the Rugby Club, won the Tug of War and created a stir when they arrived—thirsty and en masse—at the Barn Dance to collect their bottle. It was hastily procured and the Barn Dancing continued unabated.

The Rugby Club appeared again at The Real Ale Night on Thursday, when 13 firkins of potent Real Ale were consumed between 5.00

and 8.00 p.m. This was about the right quantity; any more would have constituted a challenge and the audience would have been too sloshed to appreciate "Crowfoot", a Jazz Band who played in the Bar during the evening.

Lastly, Rod Hamer's Jazz Band made a welcome return to play at the Charities' Ball on Saturday, 18th March. Unfortunately, this coincided with the Dental Ball, for which the Charities' Week team apologise. In a week of events, it is difficult to avoid some overlap.

Advance publicity for this series of entertainment was provided by the Charities' Week Magazine and by unique badges, both of which made a large profit. The magazine was produced to an exceptionally high standard; thanks are due to its many contributors and to Paul Revell who made it possible.

The profits are being donated to Dr. Barnardo's Homes, The Imperial Cancer Research Fund, The Association for Spina Bifida and Hydrocephalus, Physically Handicapped and Able Bodied, Multiple Sclerosis, Charterhouse Ark in Southwark and Nightline; furthermore, it is hoped to buy some equipment for the children's playground at the foot of the Tower.

The organisation was a combined effort by a large number of people. Instrumental in raising the money were the keen pre-clinical dental and medical students, the Physiotherapists' Charities Ball Committee, Tony Vaughan and Anne Stebbing who did a colossal amount of work. *(As did Deb—Ed.).*

Nursing

Inevitably with the increasing specialisation in medicine, nursing has become a profession with many specialities, and it is becoming more difficult to change from one to another. The technology involved in many medical specialities has required that nurses learn many technical skills. The time taken in training to work, for example, in a haemodialysis or intensive care unit, means that having become competent, nurses are likely to stay in these specialities and increase their special skills.

This requirement for specialist training for nurses has been recognised for some time and many special courses are available. Ten years ago a body called The Joint Board of Clinical Nursing Studies was set up to supervise and co-ordinate these courses. The J.B.C.N.S. will only recognise courses which meet the training requirements adequately, so a certificate of having passed a J.B.C.N.S. recognised course is a valid qualification for a specialist nurse. Courses are available in almost every imaginable speciality, from "Care of the Newborn" to "Care of the Dying".

All this has had a considerable effect on the general training of nurses. One might expect that it would make the training more complex and interesting with many different things to be learned. This is of course true to a certain extent but the main effect seems to have been the removal of many subjects which used to be included in the general training because they now require a special course. Also many sick

patients who were previously nursed on the general wards are now sent to intensive care units—often because only there is the specialist care available, but sometimes just because there are not enough staff in the ward to give the care and observation which is required. Perhaps if some of the staff from these units were employed in the rest of the hospital, some of the patients who go to them could stay on the general wards. Then, the intensive care units would have less work, the patients would have continuity of care, and the nurses would have the experience of looking after demanding and interesting cases.

Of course another way of providing special care is to leave the patients where they are, and ask an expert to visit to give help and advice and this method is beginning to be used by nurses. There are many people who think that making a new position of "Clinical Nurse Specialist" would be a way of recognising (and paying) experienced nurses who do not wish to become administrators or teachers. Although this title, which comes from America, is not largely accepted in this country (and does not command a high rate of pay) there are a number of specialist nurses who are working in this way. One of the most widely recognised is the Stoma Care Nurse and there is one of these in the Guy's District. Also at Guy's there is a nurse who is a specialist in the management and education of diabetics and a psychiatric nurse who offer services to the general wards, but both these people also run their own departments and offer the service as an extra. I hope that some of the special nurses in Guy's will write about their work for the *Gazette* over the next few months.

Another area in which there is scope for this sort of work is the care of the dying. Although special expertise is needed to care for these patients and is provided in many hospices and other special institutions, it seems particularly important that they have continuity of care. A support team of the sort which has been functioning at St. Thomas' Hospital for about two years allows these patients to benefit from the extra expertise without being moved from the wards where they are known, and in many cases to go home and continue to benefit from it. Two nurses are employed full time on this team.

This method of giving expert nursing care to patients with a special need not only means that the patients have continuity of care but also that the nurses on the general wards learn from the specialists. Obviously a specialist nurse who serves the whole district cannot give all the care to her patients herself and much of her work is to teach the nurses who are there all the time how to do so. Perhaps the aim of every specialist nurse should be to do this so well that she is no longer needed.

JULIA FABRICIUS.

Physiotherapy

The School has been presented with the certificate of the Incorporated Society of Trained Masseuses awarded in 1907 to Edith Maud Hunter, who as Mrs. Collihole recently died in her 101st year. Margaret Palmer (Chairman of the Board of Examiners) and Lucy Robinson (Member of the Council) who were signatories, were two of the four founders of the Society when it was formed in 1894, Elizabeth Manley of Guy's being a third.

Accompanying the gift was a copy of the 3rd edition of *Lessons on Massage* by the said Margaret Palmer published by Ballière, Tindall and Cox. The first edition had appeared in 1901 and the second in 1903 with reprints in 1904 and 1905, so it must have excited the "steadily increasing demand from all parts of the world" that the author refers to in her preface.

Reading through it, one is struck by both the similarities and the differences that 70-odd years have created. The similarities perhaps are not surprising in that 70 years is a short time in the 5000 or so that massage is known to have been practised, and there is a lot of gentle fun to be had in relating what one knows about the practice of today's private masseuse—of the topped rather than topless variety—to that of her great grandmother.

Some splendid regimes are described, for example in the treatment of insomnia . . . simple remedies first—fifteen minutes massage to each foot in turn after the patient has retired for the night, or forty minutes general massage followed by a warm (not hot) drink. If this fails, the Weir-Mitchell treatment may be administered consisting of "isolation, rest, excessive feeding, massage and electricity", the latter to counteract the ill-effects that would otherwise result from the former. The patient was kept in bed for six weeks to three or four months and fed at frequent intervals by a nurse, who was reckoned to shovel more in than the patient would. One such diet was as follows:—6 a.m., 10 ozs of raw meat soup; 7 a.m., cup of black coffee; 8 a.m., plate of oatmeal porridge with a gill of cream, a boiled egg, three slices of bread and butter, and cocoa; 11 a.m., 10 ozs of milk, and so on with lunch ($\frac{1}{2}$ lb rump steak) at 2 p.m., tea at 4 p.m., a cup of soup at 6 p.m., a full scale dinner at 8 p.m. and to round it off, $\frac{1}{2}$ pt. of soup at 11 p.m. Vigorous massage lasting $1\frac{1}{4}$ hours, was given twice a day, with special attention to abdominal massage. This, states Miss Palmer, is the only exercise the patient gets! Whatever else, the Masseuse must have dropped off easily at night, but the effects on the patient are awful to contemplate. The only escape lay in the appearance of precipitates in their urine which led to a reduction in the amount of food they were required to eat. However, their idiosyncracies were to be carefully studied and the Masseuse is asked to remember that "moral massage" is needed in these cases. What can she have meant?

I am sorry to have to tell you that this treatment is no longer available, gentlemen—at least not in Shepherd's House.

R. J. COOPER.

Book Reviews

"Epidemiology in Medical Practice" 2nd edn. by D. J. P. Barker and G. Rose. Pp. 152. Price £3.25. Published by Churchill Livingstone, Edinburgh.

This book is short, simple, and in its second edition provides a text which is an absolute must for every medical student. It provides an excellent contrast to bedside clinical teaching in its approach to the study of disease in the community at large. The first few chapters offer an introduction to epidemiology, with emphasis on population and hospital statistics. One particular, classical graph shows how the mortality rate from asthma among young people had a sudden rise and fall in the mid-1960's, in parallel with the increasing use of pressurised aerosols, showing how clinical observation and the use of routine statistical data may explain mysterious, adverse developments.

There are a number of other illustrations of this important theme. No effects of drugs would be complete without an account of the unravelling of the side effects of contraceptive pills. The analysis of modern epidemics in industrial society includes the cautionary tale which starts with the contamination of Minamata Bay with industrial chemicals including mercury and ends with the death of 46 people as the result of the consumption of mercury-contaminated fish. In all of these examples, in its notes on the value and limitation of screening tests, in its section on the natural history of disease, in its evaluation of preventive measures and in its critical comments on the medical services themselves, this book provides much which is not only invaluable but also very readable. Students of all ages will enjoy it.

M. H. LESSOF.

"Surgical Nursing" 10th edn. by Elizabeth J. Fish. Pp. 390. Price £2.50. Published by Ballière Tindall.

Following in the tradition of the Nurses' Aid Series, Surgical Nursing provides a concise and reliable text. The presentation of the book follows "the Nursing Process", goals of care are identified, a plan of care is prepared and administered, its effectiveness is then measured and evaluated.

The text progresses from the principles of surgical nursing, to the pre-operative care, administration of anaesthetic and general post-operative care. The nurse's responsibilities as a practitioner in her own field are clearly defined. The chapter on "Tumours" at this point is a particularly useful addition to the student or pupil nurse in enabling her to understand the difficulties of surgery in the treatment of malignant conditions. The combined use of radio-therapy and the specialist care required is also appropriate.

The systems of the body are dealt with in turn, diagrams being used where applicable. Early discharge of surgical patients into the home and community is emphasised whenever it is feasible and the nurse is encouraged to be aware of this when planning the patient's care.

A very readable and accurate book which should be an invaluable aid not only throughout the nurses training period but as a revision aid and reference book.

SUSAN E. QUINN.

"A Synopsis of Gastroenterology" 1st edn. by R. H. Salter. Pp. 165. Price £5.50. Published by John Wright and Sons Ltd., Bristol.

I must admit that I did not approach the task of reviewing this small book with any great enthusiasm. As with the rest of the series, it is an unashamed crammer with a terse, didactic style. It abounds with lists and grammatically incomplete sentences but I am forced to accept that it does communicate well. I am simply antipathetic to this type of old-fashioned teaching aid, which represents the antithesis of many modern trends in medical education. But . . . perhaps there is a genuine need for brief books of this type to assist revision. My criticisms should be applied to the nature of clinical examinations in general, rather than to this book in particular.

The book follows the conventional pattern of most gastrointestinal texts in that it starts in the oesophagus and moves down towards the rectum, concluding with diseases of the peritoneum and pancreas. Disorders of the liver and biliary system are omitted. Where relevant each section is preceded by a brief description of function and diagnostic techniques. The approach is orientated towards diseases and not to symptoms and the description of each disease follows the traditional sequence. There are separate chapters on functional dyspep-

sia, irritable bowel syndrome and simple constipation — all frequent problems which tend to be neglected on ward rounds. The section on infections and infestations is remarkably comprehensive for a book of its size. Most chapters conclude with two or three suggestions for further reading. Other useful features include several good quality line drawings and flow diagrams and the index is excellent.

My initial hostility turned eventually to a feeling of admiration for the author, who has managed to compress so much useful information into so little space. It is right up-to-date with sections on VIP secreting tumours and campylobacter diarrhoea for example and the rôle of clostridial toxin in the pathogenesis of antibiotic-associated colitis is discussed. I could find very few and only trivial errors of fact. Indeed I might even recommend this book to my students—surreptitiously, of course! It seems to me to serve its limited purpose very well.

G. E. SLADEN.

"Dermatology for the Physician" 1st edn. by E. L. Rhodes. Pp. 104. Price £8.50. Published by Baillière Tindall, London.

One of the principal problems in teaching dermatology to those with little or no knowledge of the subject is the total inadequacy of verbal descriptions of the lesions encountered. Inevitably, therefore textbooks comprising predominantly illustrations have a role in dermatological education. To be successful the illustrations need to be technically of high quality and the photographs must be in colour and representative of the disease portrayed. For the purpose for which it is intended Betty Rhodes book succeeds admirably. Great care has been taken with the selection of material and the whole is supplemented by a lively and informative text. The book is never a complete textbook but can be considered as an extremely useful handbook and atlas by medical students and indeed by general practitioners and hospital doctors outside the speciality.

D. M. MacDONALD,

"An Introduction to the Examination of the Cardiovascular System" 2nd edn. by A. Leatham. Pp. 99. Price £2.25. Published by Oxford University Press.

The cornerstone of British cardiology has always been its emphasis on clinical examination of the patient rather than reliance on sophisticated investigations and Dr. Aubrey Leatham has always been one of the pioneers in establishing and interpreting physical signs. This is particularly so in auscultation of the heart where much of our present knowledge is based upon his work. In this paperback book he has provided one of the best guides in the literature to the determination of physical signs and their correct interpretation. He describes exactly and in easily understood detail how to listen independently to various parts of the cardiac cycle and thus, for example, decide about the second heart sound without being confused by the murmurs. The monograph should be extremely helpful to all those who find difficulty in sorting out the complicated noises sometimes heard when examining cardiac patients. This is a problem not necessarily confined to medical students indeed doctors at all stages of seniority will find information of value in this slim volume.

The original edition has been greatly enhanced in this revised version by expanded sections on echocardiography and by improvements in the illustrations, whilst enough information is presented on cardiac catheterization to equip the reader for an animated discussion with the examiners, or to shine on the ward rounds.

The second half of the book is made up largely of appendices which contain so much compressed information that it is probably impossible to take in more than small sections at a time. They do however, provide a unique source for checking a diagnosis so if, for example, a patient is thought to have atrial septal defect a few moments spent reading this entry in the appendix will clarify ideas enormously. Many points which have been forgotten will be emphasised and the differential diagnosis will become far clearer. These notes incidentally should be excellent as a revision source for examinations including the M.R.C.P.

There are inevitably points of criticism but these are minor. For example it is not very convenient to have the illustrations separated so far from the relevant text but no doubt this helps to keep the cost of the book so low. Overall the production is of a hi quality and the monograph succeeds admirably. I recommend it very strongly.

EDGAR SOWTON,

"Principal Drugs, an Alphabetical Guide," 6th edn. by S. J. Hopkins. Pp. 164. Price £1.75. Published by Faber.

"Principal Drugs" is an alphabetical list of drugs. The author, S. J. Hopkins, is Consultant Pharmacist at Adden-

brookes Hospital, Cambridge. The book is obviously popular and useful (this is its 6th edition) and is one of a number of medical books published by Faber & Faber principally for nurses.

This dictionary is up-to-date and is delightfully and clearly written. Its value is further enhanced by a list of proprietary names of drugs with their approved equivalents. The present edition deserves continuation of the success enjoyed by its predecessors.

There is a short forward which states that "it is becoming increasingly difficult even for doctors to learn . . . all the available drugs! For nurses it must be a well-nigh impossible task." I am afraid I am a doctor who finds the task impossible and I will hang on to this book.

ROY G. SPECTOR.

"The Experience of Breastfeeding" 1st edn. by S. Kitzkinger. Pp. 255. Price £1.25. Published by Penguin.

It is regrettable that the majority of expectant mothers will not find the opportunity to read this book before considering the question of breastfeeding. It is also somewhat regrettable that the book itself is directed at a rather highly selective group of "paper-back" readers. The rather unfortunate choice of words of the opening sentence to the first chapter "It was a cocktail party and I had just refilled the charming Frenchman's glass" in some way sets the scene for the remaining text.

Considerable personal experience is written into the chapters. The authoress, herself an accomplished mother having breast fed five children, firmly believes that the ultimate decision to breastfeed must rest with the mother, a fact that nobody would argue with. She perhaps rather overstates her case while minimising the real difficulties some mothers have in coming to terms with breastfeeding.

Nevertheless, her guide through the experience of breastfeeding, covering the emotional and physiological technicalities is comprehensive, and particular reference is made to the ever important concept of the parent-child relationship. A practical book written by an extremely experienced childbirth educator.

RICHARD S. TROMPETER,

Correspondence

Professor Roger Warwick

Dear Sirs,

May I use your pages to make a small personal appeal? I shall be leaving this medical centre in the autumn of this year when I am due to retire. During twenty-five years my life here has been much enriched by a long succession of members of staff—technical, medical and scientific, postgraduate research workers, B.Sc. students, and, of course, a great body of dental and medical students. I remember very many often with most affectionate interest, and I have been trying to ascertain the present addresses of many with whom I have not been in correspondence for some time. I do, in fact, correspond with a large number of these young friends, but some of my letters even to them have recently been returned "gone away". May I therefore use your journal to ask those to whom my letters fail to penetrate to let me know how they are and indeed, where they are!

Yours sincerely,

ROGER WARWICK

Dept. of Anatomy

Gray's Anatomy

Dear Sirs,

I would like to make an appeal through your pages to all Guy's Hospital Medical School staff and graduates, past and present, Gray's Anatomy, first published in 1858 and therefore perhaps the longest-lived textbook of its kind in the world, was edited at Henry Gray's Hospital Medical School (St. George's) for the first 43 years of its history. From 1901 to 1930 editorship passed to the University of Durham. In 1930 T. B. Johnston (first Professor of Anatomy at G.H.M.S.), took over and was sole editor until 1942, when he was joined by his own successor, James Whillis. In 1958 the centenarian edition appeared, Johnston being assisted by D. V. Davies (St. Thomas') and Francis Davies (University of Sheffield). After this edition Johnston's period as sole and then senior editor came to an end, a period of approximately 30 years. D. V. Davies was senior editor until the 34th edition (1967), thus completing a period of about 20 years in editorial service. Professor Peter Williams was at this time already co-opted as Indexer, and in 1968 he and I were invited to

undertake the editorship, resulting in the 35th Edition in 1973, which broke a number of records and attracted a number of awards in the book world. Thus, Gray's Anatomy has been the responsibility of Guy's Hospital Medical School's department of Anatomy for more than 40 years; and by the time the next edition (already about to go to press) is exhausted the association of this famous book with G.H.M.S. editors will be approaching a half century, a longer period than even its primary link with St. George's.

Because of these facts of association, and because of the extraordinary nature of Henry Gray's book and its history, it is hoped that some kind of permanent exhibit (of various editions, translations, and other documents and portraits) may be set up in this Medical Centre. To augment the value of this exhibit we need many of the earlier editions of Gray's Anatomy. Samples of these must be stored away in many an attic and other dusty corners! May we appeal to anyone who may have such a volume still in his or her possession to offer it to us. We are prepared to pay the appropriate price for old editions, if desired.

ROGER WARWICK

Dept. of Anatomy

Flowers Report

Dear Sirs,

As a Guy's man, I read with alarm and dismay the recent Flowers Committee report on the future of Hospital Medical Schools in the London area.

For Guy's to be submerged in the Lister and St. Thomas's complex and so loose its identity after over 250 years of service would make Thomas Guy turn in his grave. I am sure that the other great teaching hospitals feel the same about their own fate.

The proposals made in the report are typical of *quango* recommendations. I doubt very much that the theoretical three to six million pounds would be saved. Experience has shown that such estimates are usually hopelessly inaccurate as unforseen expenses, especially with regard to new administration, soon mop up expected savings, but even if this were true, it would be more than worth the money to keep the individual medical schools in existence.

The whole concept of loyalty to your own hospital, together with friendly rivalry and competition tends to produce excellence and, in the long run, economy. If Flowers proposals were put into effect all this would be wiped out in favour of standardised mediocrity.

This lesson has been learned, to our cost, in many fields already. Amalgamation for the sake of some theoretical economic and administrative convenience inevitably leads to lower standards generally and the suppression of individual enterprise and merit.

Although we may be in temporary economic difficulties, things are not bad enough to justify such fundamental and destructive changes, especially in the science and art of medicine, where high standards and advancement depend so much upon individual enterprise and opportunity.

I hope all true Guy's men throughout the world will unite, and together with the other hospital Medical Schools in London, and the general public whom they serve, fight to save our heritage and the prospects of medicine for the future.

Yours faithfully,

Dr. A. E. MCLAUCHLAN,

(Guy's 1949)

58 Friars St.
Sudbury,
Suffolk
CO10 6AH

The Tunbridge Wells Teams

Dear Sirs,

Following Pete Campion's letter from Australia in February issue of the *Gazette* on the early and middle years of Guy's Rugby at Tunbridge I thought some readers might be interested to hear again of the last match with Tunbridge R.F.C. It was played on 11th March, 1944 and the Guy's team comprised:—

J. B. Parsons
G. L. Jones
I. B. Davis
H. H. Richards,
K. M. Walker
H. S. Dyer
A. A. Bailey
A. G. McCullum
A. A. Craigen
T. K. Walker
D. F. Potter
J. V. Kilby (Capt.)
D. J. Crowther
D. F. Harrison
C. G. Higgins
I. A. Scott (Linesman)

To my shame I cannot tell you who won or what the score was but we did give Tunbridge Club a dinner in the Clubhouse that evening which was quite a success and we were able to return the Club's hospitality more than adequately. The Club was always so good to Guy's, allowing us free use of

their facilities and to entertain our visitors to tea in the clubhouse not to mention the bar afterwards. Mr. Le May was one of our staunchest supporters and advisers—a local John Winston.

I still have a signed Menu and Toast List which has a printed footnote ". . . in appreciation of five seasons of hospitality, both on the field and in the club-house, 1939-44".

Yours faithfully,

JOHN V. KILBY, B.S. M.R.C.G.P.

Kimbolton,
Huntingdon,
Cambs.
PE18 0HD

Undergraduate Neurosurgery teaching at Guy's

Dear Sirs,

I feel I must reply to Mr. C. E. Polkey's letter "Sticks and carrots" printed in the February *Gazette*.

I am at present in my final year, and did not attend his ward rounds in October, although I knew of their existence; unlike many of my fellow students who may well have missed the small notice in the medical school advertising these rounds.

At that time, final year students are revising for Pathology finals and in many cases Therapeutics, and Obstetrics and Gynaecology; but *not* General Surgery and Medicine which are examined in June. Thus, timed as they are, revised ward rounds in neurosurgery are not particularly appealing.

Undergraduate neurosurgery is at present taught in the form of a series of lectures—the introductory course—indeed Mr. Polkey gave us some of these. Students also attend Mr. Schurr's outpatients during the neurology part of a medical firm.

I am sure clinical students would be very grateful of neurosurgery ward rounds and would agree wholeheartedly with the importance of knowledge of the management of head injuries etc.

I hope the Student Medical Education Committee will be able to help in the better placing of Mr. Polkey's "carrot". As for "sticks", at a time when the sword of Damocles hangs over medical education at Guy's, I find it sad that one consultant admits to knowing little about the overall teaching of surgery at Guy's.

Yours sincerely,

LLOYD DENMARK, B.Sc.
(Final Year S.M.E.C. representative)

Boland House,
Guy's Hospital.

Dear Sirs,

As one of the hundred or so medical students in the final year, I should like to reply to Mr. Polkey's letter in the last issue of the *Gazette* and pick up one or two points from the *Passim* in the same issue.

I gather from one of the students who did attend your rounds, Mr. Polkey, that they were extremely good and much appreciated. I certainly regret having been unable to go. But why was it that so few students turned up? There are two reasons. The first is that the rounds were at the wrong time of year. They came just before our Pathology Finals last November. Most people, including Guy's students, like to concentrate on the task in hand and do not like to be diverted. The practical management of head injuries and the like is important, but disappears into obscurity beside the pressing need to swat for Pathology.

The second reason for the poor attendance is that they were poorly publicised. It is my impression that the fault lies within the Medical School Office. They have a habit of publicising the interesting, different and special along with the ordinary—on the same sort of paper, with the same official stamp, in the same place as the other notices that haven't changed for months.

The School Office would do well to take heed of the *Passim* of the last issue. I would go further than the *Gazettes*' self-indulgent conceit and suggest that all departments, including the School Office, should use not only the *Gazette*, "Tablet" and Guylines for publicising interesting meetings, but should put aside a part of the colonade notice board for Special Notices. Then all the departments could supply an additional notice for the School Office who would have the responsibility for their display.

There is an aphorism in the advertising world. It is quite simply *advertising works*. That is precisely why the drug companies are contributing to the deforestation of the world. They know that good advertising sells their products. I certainly don't advocate such excessive use of paper to publicise interesting medical events, but with a little effort, imagination and colour, the attendance at many meetings could be doubled and many more students would attend such events as Mr. Polkey's round.

Yours sincerely,

DAVID W. DENNING.

Boland House,
Guy's Hospital

Sport

RUGBY

Junior Hospitals Cup

Guy's 12 pts. v. Charing Cross 6 pts.

Guy's made up for some of the disappointment at losing the 1st team match by playing well in the Junior Cup first round at Honor Oak Park.

The pack played well from the beginning, shoving back the apparently heavier Cross eight from the start. Guy's went ahead after an indirect free kick from a Bundy drop goal. Then the highlight of the match with a perfect Guy's move putting Jones away in the centre for a try under the post which Moore duly converted. Guy's were now well in control and more pressure in the early part of the second half allowed Moore to put them 12 points clear from a penalty. Several Guy's moves went close and should have sewn up the game, but Cross were allowed back in by a try, well converted, on their left wing. Guy's weathered the final storm with some unease among their supporters, but forced their way to the second round against Mary's despite having Lowey carried off with a fractured leg.

Team: Kennedy, Simpson, Grant, Beard, Lloyd, Lowey, Palmer, Dasos, Duckworth, Bundy, Jones, Moore, Portelly, Girling, King. (*sub*: *Evans*).

Guy's 30 pts. v. Royal Holloway 6 pts.

Motspur Park 9/3/80

This was a very pleasing and emphatic win in the Gutteridge Cup (University of London) Plate competition. Guy's had lost disappointingly in the first round of the full competition with a much weakened side and this victory made up to some extent for that.

With a strong set of backs Guy's needed to win sufficient ball up front to release their attacking flair. This they did with good tight play and disciplined work at the second phase. Injuries had robbed Guy's of back row forwards Lowey and Palmer and *Dasos the Greek* was climbing Welsh mountains, but driven on by Flanagan both Lloyd and Kingdon played well in the makeshift back row.

Following a series of rucks near their opponent's line, Poole went over under their posts for the opening try after a typical darting run from scrum-half. Hackett converted and also knocked over two penalties before half-time, Holloway only replying with two penalties.

Guy's began the second-half with more pressure and Kennedy mauled a ball Holloway should have won and went over for a well deserved try. By now the Guy's backs were moving fluently and the ball was always set up for them well by Poole and Bundy at half-back.

Jones and Maggs had their men tied up in knots in the centre as Hackett profited with two excellent tries in the left corner and a drop goal, and Reece also added his pace for a try out on the left. Girling was making some strong runs as usual and goaded by some ribald comment from the Guy's supporters the front five managed to get some steam up around the park. Poole had to leave the field 5 minutes before the end with an injured thumb, and Reynolds acted as an able substitute in that time. Freshman, Dave McGuckin, jumped well in the lineout, Rose took several against the head in the scrums and Alan-Jones mauled some good second phase ball. As captain I was pleased that the boys had ended the season with a trophy, and almost all of the team will be available for next season's campaign.

It was a Guy's evening at Motspur Park, since the ladies hockey team had also won the cup, and proceded to win the "boat races" drinking half pints of shandy!

Team: Hackett, Reece, Maggs, Jones, Girling, Bundy, Poole, Parry, Rose, Kennedy, Alan-Jones, McGuicken, Flanagan, Lloyd, Kingdon. Sub: Reynolds, Hamilton.

Guy's 29 pts. v. Old Alleynians 12 pts.

H.O.P. 1/3/80

St. David's Day proved lucky for Guy's as they outclassed Alleynians in this encounter, scoring five times to one. Pressure throughout the first half brought scant reward, the only score being a breakaway interception by the Alleynians centre when Guy's were poised to score. Guy's made ammends in the second half, Loxton and Jennings scoring two tries each and Hackett scoring one. Francis made many of the conversions and was particularly pleased with one effort from the touchline. The back row played well, Flanagan making the ball available well and Keevil made some strong breaks.

The Guy's day was marred after the final whistle when an Old Alleynian player appeared to punch President T. L. T. Lewis, who had acted as linesman.

Team: Hackett, Jennings, Jones, Reece, Girling, Bundy, Poole, Parry, Rose, Neill, Keevil, Popplewell, Brazier, Loxton, Flanagan.

G. P.

SOCCER

The Seconds Cup Run

(5th year of an ongoing saga).

Guy's had an easy passage through to the semi-final of the cup where they met Barts, who had defeated them in the cup final last year. Guy's and Bart's had met in the league the week previously and Bart's had been the victors by 4 goals to 2, largely through an inspired tactical performance by the captain who was trying to make Bart's overconfident. The tactics consisted of letting Trembath kick a Bart's forward as hard as possible on the knee in his own penalty area and by the captain passing the ball to an opposing forward 10 yards from his own goal.

The semi-final took place at H.O.P. four days afterwards, and just to make Bart's more overconfident Guy's quickly conceded two goals before striking back via John Rawcliffe, who cleverly took a corner and scored via the goalkeeper's chest. In the second half Guy's really turned it on and scored 3 more goals through Cheshire, Robinson and Smith. We could have scored some more but we didn't want to be overconfident.

We heard that we were playing the London in the final, and finding we had a league match against them a week beforehand we decided on similar tactics as before and lost six-nil.

The spirit in the team was tremendous, people went training (Calver was seen there twice!), and set piece moves were practised, which caused us more confusion than the opposition. Problems however did not cease and Colin Tidy, the midfield inspiration of the semi-final, was ruled out by injury 3 days before the final. However soon the glorious day arrived and off we went to:

The Final

The support this year was smaller in volume than in previous years but of good voice and excellent quality.

The Guy's team took to the field relaxed but fiercely determined, and this characterised their play throughout the match. Guy's were completely undaunted by the previous result and dominated play in every area of the pitch. Cowland was safe in goal, Calver and Batterbury solid in the centre of defence, with McColl and H. Williams keeping a tight eye on their wingers, and making occasional forages into attack.

In midfield, Alex Williams, Steve Robinson and Richard Nicholas simply dominated play, whilst up front Rawcliffe, Cheshire and Smith ran unceasingly. The first half was almost one way traffic with the London defence hard pressed, clearing the ball off their line on a number of occasions and their keeper playing a good game.

Half way through the first half we failed to convert a penalty. Towards the end of the first half the London had a breakaway attack and the resulting shot was skilfully saved by McColl—the penalty was converted and we ended the half one–nil down.

The second half saw Guy's again attacking, however the London again had a break away attack and a corner was conceded. The near post corner clipped a defender's head, hit Calver in the face, and ended in the net. Shortly afterwards the London scored a third when their forward skilfully turned his fullback and drilled the ball home from fifteen yards.

The team were a bit upset by this since they were now three-nil down after playing some of the best football the Seconds had ever produced, however all was not lost (yet).

Guy's although upset were undaunted, and roared on by the crowd soon pulled one back when Dave Cheshire sprinted, as only he can, onto a fine through ball which he whacked into the net with a left foot shot from just inside the area.

The substitute was then brought on—J. J. Earnshaw making positively his almost last appearance for Guy's. This inspired further pressure from Guy's and from the resulting corner Calver was fouled whilst heading towards goal. Earnshaw strolled up, and unbelievably missed the penalty! However by this stage the referee was feeling sorry for us and let us take it again, and this time Earnshaw scored (just).

Guy's continued to press forwards for the equaliser but the London counter attacked as the game swung from end to end until Steve Robinson received the ball on the edge of his own penalty area. On a great run he took the ball through two tackles and halfway into the London half before slipping a superb pass to John Rawcliffe who made no mistake with a sizzling left foot shot from outside the area.

Guy's continued to press forward but somehow managed to concede a corner which was only cleared to the edge of the box. The resulting shot hit a defender's foot, the back of a London head and the ball trickled inside the post. Two minutes later the referee blew for time, we had lost 4–3. In all sincerity "we were robbed", and "everybody was as sick as a parrot."

The Guy's team played superbly throughout and made it truly a memorable game—these men are heroes all!

After the match we easily won the Boat Race, drank the bar dry and outsang everyone—so we were a little happier when we left, but not a lot.

Thanks to Professor Robinson for watching and for his post match gift—much appreciated! Thanks also for the great support we received throughout the match from the spectators.

The heroes were: N. Cowland, Harri Williams, G. Calver (Capt.), M. Batterbury, A. McColl, S. Robinson, A. Williams, R. Nicholas, J. Rawcliffe, D. Cheshire, G. Smith. Sub: J. Earnshaw.

Revlac

LADIES HOCKEY

U.L. Cup Final

Sunday, 9th March

It was a clear cold day when the girls hockey team assembled in Boland House for their second consecutive U.L. cup final, this year against Queen Mary's College. The coach trip to Motspur Park was uneventful, the driver was only lost once and Sally Clark, the captain, worried about everyone and everything as only Sally can.

The team was sadly depleted by injury to Ann Lewis who had been a talented stalwart throughout the season. Sally was also only half match fit and so was made substitute.

The Guy's umpire, Simon Cunnington, cut a colourful figure in his yellow anorak and once he had removed his "shades" proved very able.

The final started scrappily with both sides being affected by "Final nerves" and the game rapidly became bogged down in midfield, relieved only by interuptions from a neighbouring lacrosse match. However, with sideline encouragement from Sally, making herself even more hoarse than usual the Guy's team began to get on top. The defence, with Edwina Dighé in goal and Debbie Uwins and Siân Thomas as the backs provided a sound base, whilst the midfield of Janet Singleton, Julie Sanderson and Fenella Davies covered well and supplied good ball to the forwards Julie Dunwoodie, Judith Bury, Cathy Irwin, Elaine Dare and Wendy-Jane Stevenson, who battled hard against a stubborn and at times desperate Queen Mary's defence. This desperation led to a penalty flick being conceded by the Mary's defence shortly before half time, this was coolly and very competently converted by Elaine Dare to give Guy's a half time lead.

After half-time encouragement from Sally the Guy's team retook to the fray and provided a devastating second half performance. They piled on the pressure from the start and remained encamped in attack for most of the remainder of the game. This resulted in five more goals being scored by Julie Dunwoodie, Judith Bury, Cathy Irwin (one each) and two more by Elaine Dare to complete her hat-trick. This lead was achieved by good team work, hard work and a significant degree of skill. During the half Siân Thomas had to leave the field and was substituted by Sally who injected further enthusiasm into the team. It is difficult to single out an individual's performance since everyone played well in a disciplined team performance, sadly Clare Wheeler, the other substitute, did not have a chance to enter the game.

Towards the end of the match concentration lapsed a little, Cathy Irwin arguing with a spectator and Debbie Uwins talking as only Debbie can, and Q.M.C. were rewarded for their effort with a consolation goal. The match however soon ended with Guy's worthy victors with a scoreline of 6–1.

The cup was presented and the celebrations commenced. The girls proving they too know naughty songs and they can drink a lot of beer like Guy's men. Sadly they lost **two** boat races although more beer seemed to end on the floor rather than down throats.

We returned home in good spirits with Sally leading the singing and clutching Sibelius (her dog), who wasn't stolen this year.

Well done girls, an excellent performance in reaching two consecutive finals and winning the cup this year.

Letters of congratulation followed, one of which, to the President of the Club, Mrs. Jaffe, is printed below.

Revlac

Dear Mrs. Jaffe,

I am writing formally to congratulate you and your girls on winning the Cup. I have been informed by a reliable source that you failed to attend the Cup

Match and I attribute the team's success entirely to this. Enjoy the remainder of your Presidency and stay away from matches.

Yours sincerely,

Professor W. J. Tulley,

Head of Dept. of Orthohockeysticks and Dentistry for Hockeyplayers.

ROWING

On Saturday, 8th March 1980, the first crew went to Reading to compete in the University Head, still optimistic after their successes last term. Rowing in this Head for the first time for many years, we started at eighty first position, out of an entry of 96.

Unfortunately we arrived at the start of this 23 furlong race an hour before we were due to start. Despite several choral attempts from the stern of the boat, we were still very cold at the start.

Over the first half mile of the race we lost the five length start we had on the next crew, Reading School. By the time Reading drew level with us, we had thawed sufficiently to take up the challenge. We managed to stay with Reading through the rest of the course, but the damage was already done. When the results were announced, our time was 14 mins. 40 secs., overall 71st position, which was still enough to beat most of the other college crews of our A.R.A. status.

Crew:— 1. T. Johnson, 2. S. Smith, 3. S. Ward, 4. R. Johnston, 5. B. Irving, 6. A. Wood, 7. R. Matthews; Stroke, C. Newson; Cox, T. Zilkha.

A. M. Wood

SPONSORSHIP FORM

I should like to sponsor Guy's Hospital Boat Club in their sponsored 50 mile row,

i. I enclose a donation of £.....

ii. I should like to sponsor the crew at .....p per mile.

Signed .....

Address .....

.....

Please return to Mr. A. M. Wood, before May 11th, at the following address:—

Captain, Guy's Hospital Boat Club,
Boland House,
Guy's Hospital,
LONDON SE1 9RT.

The Boat Club, in existence since 1844, is once more taking to the water, this May, for a sponsored row. A novice crew, which is relatively inexperienced, is to row from Chiswick to Bell Weir (near Old Windsor), and back, a total distance of about 50 miles. Part of the reason for this row is to buy a desperately needed boat, and I invite any donors or sponsors to complete the form below and return it to me. Any contribution will be gratefully accepted.

BLUES COMMITTEE AWARDS, 1980

Golf Club

Full Blues: Michael Craigen, Robert Heard.

Half Blues: David Fish, Andrea Malizia, Nicholas Page.

Cricket Club

Half Blues: Charles Tunnadine, Alex Williams.

Swimming Club

Half Blues: Michael Evans, Peter Robinson, Ray Vella, Andrew White, Gregory Wilcox.

Ladies Swimming Club

Half Blues: Sally Brown, Sally Clark.

Tennis Club:

Full Blues: Jonathan Pringle, Timothy Thurston.

Ladies Tennis Club

Half Blues: Anne Kerslake, Julia Kerslake, Angela McKenzie.

In the past month Guy's have reached the finals of numerous cups and the successes and failures of the individual teams are recorded in the last few pages.

Success has been recorded in various events in the past year from water polo, through tennis to rugby, soccer and hockey. Hopefully this is an indication of the widespread participation in sport at Guys. The image conjured up of the average Guy's man is of a fit, healthy, in body and mind, sporting demigod (and if Sally Clarke's hockey team is anything to go by the girls are fairly sporty as well). However, once the final is played both participants and spectators seem intent to destroy the image and their bodies by a process which turns them into your average slob in under two hours and always seems to involve vast quantities of dark brown fluid. Then again, would we have it any other way? Has it ever been any other way? Will it ever be any other way? Answers to these questions and more questions to answer next month, and to all Guy's men and women everywhere—keep your right hand free.

G. C.

Hospital Information

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GUY'S HOSPITAL CLUBS' UNION

February 1980–81

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Vice-Chairman	Mr. T. L. T. Lewis
Senior Treasurer	Prof. A. H. R. Rowe
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President	Miss D. B. M. Brooke
Vice-President (Medical)	Mr. C. Donovan
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Bar Secretary	Mr. T. F. Bryant

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	Mr. C. J. Birtwhistle
	Mr. P. G. Robinson
	Mr. R. D. L. Thomas
B.Sc. and Clinical Medical Students	Mr. P. E. Bearn
	Mr. A. P. Blight
	Mr. R. H. Long
	Miss A. Stebbing
	Miss E. Vallance

Union Council

The Union Officers	(As above)
The Year Representatives	(As above)
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Secretary of Constituent Clubs' Committee	Mr. G. M. Parry
Secretary of the School	Mr. D. G. Bompas
Representative of the Student Medical Education Committee	Mr. S. J. Plint (until next S.M.E.C. elections)
Representative of the Dental Society Management Committee	Miss L. A. Brereton (until Dental Society A.G.M.)

PASS LISTS

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Fellowship in Dental Surgery

R. N. W. Clark — J. R. Radford

UNIVERSITY OF LONDON

Ph.D.—Science

H. Goodall (Biophysics)

PhD—Medicine

N. Bouras (Psychiatry)
H. A. Shabayek (Pharmacology)

M. Phil.—Medicine

A. J. Pantazidis (Prosthetic Dentistry)

M.Phil.—Science

M. F. Kouseibati (Biochemistry)

MARRIAGE

BRAYSHAW–SMITH. The marriage took place at Woolton Hill, Newbury on March 1st, 1980, between Mr. Roger Brayshaw, B.Sc., and Miss Christine J. Smith, B.D.S. Present address: 7 Berwick Walk, Knutsford, Cheshire.

Jon Ayres and Susan Wheeley are to be married in July.

DEATHS

HUGHES, Raymond Wynne, M.B.B.S. (1946), M.R.C.O.G. Peacefully, on February 8th, 1980, at his home, 7 Alton Road, Roehampton, where he had been in general practice for over twenty years. He leaves a widow.

BAILEY, Anthony Alan, L.D.S. Beloved husband of Carol Anne (nee Wandless) S.R.N., died suddenly but peacefully at home, Profits Farm House, Tolleshunt D'Arcy, Maldon, Essex, on 10th December, 1979.

PERSONAL

Rosemary Hall (nee Baker), Jonathan Williams and Duncan Stewart, would like to organize a dinner for those who qualified in 1967. We plan for Autumn 1980 or Spring 1981. Would anyone interested please contact one of the above at 43 Dyke Road Avenue, Hove, BN3 6QA.

BIRTH

REES—To David and Julia, a son, Jonathan David on February 14th, 1980.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

	Page
PASSIM	139
NEWS IN BRIEF	140
APPRECIATION Mr. Rex Lawrie	143
OBITUARY Dr. F. W. Lawson	144
CLUBS' UNION NEWS	145
THE FRIENDS OF GUY'S HOSPITAL by Dr. P. J. Helliwell	146
NEW HELP FOR NEW PATIENTS by A. Bosanquet & M. Monteith	152
THE ARMS OF GUY'S HOSPITAL by T. H. E. Orde	153
SHERLOCK HOLMES & DR. WATSON A MEDICAL DIGRESSION (Part I) by Maurice Campbell	158
THE CAREERS WEEK by Chas Newstead & Paul Cullinan	162
THE KELLOGG PREVENTATIVE PROGRAMME by J. C. Wedding	163
A WEEK AT PFIZER by the Clinical Pharmacology BSc students	164
NURSING	167
PHYSIOTHERAPY	169
BOOK REVIEWS	170
CORRESPONDENCE	171
SPORT	172
HOSPITAL INFORMATION	180

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Published Monthly at Guy's Hospital, London

THE FRIENDS OF GUY'S HOSPITAL

SUMMER FÊTE 1980

to be held in the Park of the Hospital, St. Thomas' Street

WEDNESDAY 11TH JUNE 1980

★ from 11 am to 4 pm ★ Entrance free ★

TOYS ● Kitchen Boutique ● JEWELLERY & BEAUTY BOX
Provisions ● BOOKS & RECORDS ● White Elephant
● FLOWERS & PLANTS ● Good as New Clothes ●
Children's & Baby Knitwear ● CAPS & HATS

*** Refreshments available ***

The Proceeds will be devoted to the various Children's Departments in the Hospital

Passim

Pigeon Post

Those readers who have experienced the sight, sound and excreta of the pigeons in the park and who are also regular readers of the *Sunday Times,* need progress no further. They will have already reached the same conclusion as has the *Gazette.*

It appears that in the faraway western county of Devon, the National Health Service is employing pigeons. Ah, say the cynics, it must be another bureaucratic mechanism to further the spread of memoranda and thus to increase the profits of Xerox Corporation. Imagine the scene as patients' records are flown from department to central store. No, say the ecologists, it must be true—since it won't be long before the whole nation is run for the benefit of earth and pigeons. The real purpose for which pigeons are used is the transport of blood samples from the city hospital to the analysing laboratory three miles away. Apparently, with transport costs exceeding £10,000 a year, the Devonport Hospitals backed one of the laboratory workers who thought of the idea. Donations of carrier and racer pigeons were made, the hospital's surgical belt department designed a suitable back-pack and Harry Walsh, whose idea it was, fitted them to young pigeons. Success was instant—the birds transported the sample in a third of the time that it took the taxi, and after a year's work they have been found to be totally reliable.

Nearer home, few need reminding of the great number of pigeons who grace (and disgrace) our hospital. They may not be of quite such pedigree as their provincial counterparts, but we think they may well be suitable. It must be stated that the *Gazette* has had no experience with pigeons, excepting, that is, a previous editor whose facial hair was so excessive and unruly that a lonely pigeon made for it, intending only to nest. That said, we are of the opinion that the Lambeth, Southwark and Lewisham Area Health Authority would do well to employ a flock or two of pigeons. The New Cross National Poisons Centre carries out a therapeutic monitoring service, a major problem of which is the time taken to transport samples. It would seem more logical to have the service centralised at Guy's but with things as they are we suggest that pigeons would be much more efficient and economical than taxis. No longer would a houseman be able to claim that the absence of a digoxin level was due to traffic on the Old Kent Road.

Admittedly there are problems. A pigeon loft would have to be constructed on the roof of the Poisons Centre and other facilities would have to be provided at Guy's. Specialist pigeon fanciers should be employed to care for these messengers. Both the Confederation of Health Service Employees and the National Union of Public Employees should recognise the fanciers and the birds themselves as members. There are difficulties over the status the pigeons should hold because they are unable to perform in bad weather or at night. Should hospitals' bird seed be subsidised? Should there be discrimination in selecting a pigeon for the job (be it species or, we shudder to think, sex discrimination)? For all these setbacks, we still maintain that a pigeon population

would help to solve the problems of transport and communication (see *Passim,* Feb. 1980).

Why stop at pigeons? A far more efficient method of erecting the seemingly everpresent scaffolding on Hunt's House is envisaged. Chimpanzees are more agile than even the most expert workman, and industrial action would be a thing of the past. Sheep could be gainfully employed to maintain the lawns and St. Bernard dogs to carry messages between the various Hospital bars. Skunks, appropriately sited in the Outpatient's Department, might reduce waiting lists and select truly desperate cases for treatment.

On a more serious note we feel that the introduction of animals into the National Health Service would serve as a reminder that progress and evolution depend on natural selection. In these hard times we must remember that only the fittest survive—we'll join you in a jog around the Park!

The Friends of Guy's Hospital

The Summer Fête of the Friends of Guy's is being held in the Park on Wednesday, 11th June. Whilst the Friends need no recommendations from us, we would like to point out that this year the proceeds will be devoted to the various children's departments in the Hospital. We are sure that everybody associated with the Hospital will help to ensure that the day is a great success.

Guy's Hospital Rugby Football Club

On the afternoon of the publication day of last month's *Gazette,* the Rugby Club won the National Medical Schools seven-a-side tournament in Southampton. This is a remarkable achievement of which the Hospital can be justly proud. News of this and of their Easter trip to the Continent will be forthcoming next month.

News in Brief

407 Art Club

The 407 Art Club has had three successful exhibitions so far. The next one will start on Monday, 28th April, and continue until Friday, 2nd May. Mr. P. H. Schurr will show some of his paintings.

Any students willing to collaborate in the organisation of the art club should contact either Miss Harris (x2363), Miss Archer (x2468) or Dr. Leibowitz (x3382).

This Month's Cover

The cover this month is taken from a September 1899 issue of the *Gazette.* It is interesting to compare the kit of yesteryear to that of today (why did it change?). We hope that the sporting theme may placate our aggrieved Sports Editor (see Sport).

Drugs in Dose and Overdose

The 3rd Guy's course in Clinical Pharmacology and Toxicology was held between April 14th and 18th. The course which was organized by Dr. Vale, is intended for medical practitioners and is on its way to becoming an annual event.

Each year the content of the course is different and this year considerable emphasis was placed on drug metabolism and the factors that influence it. Also featured were lectures on poisoning and environmental toxicology, subjects about which the Poisons Unit are well qualified to speak.

Mr. C. G. MacG. Williams

Our congratulations to C. G. MacG. Williams R.D., B.D.S., M.G.D.S.R.C.S., L.D.S.R.C.S. on passing the examination for Membership in General Dental Surgery.

British Heart Foundation Festival of Flowers

A Festival of Flowers is to be held at St. Margaret's Church, Westminster from 14th–18th May. (As reported in the *Gazette,* February 1980, the Foundation has funded a research grant of £55,000 to Dr. Michael Tynan, Consultant Paediatric Cardiologist here at Guy's. Most of the money will be spent on equipment for detecting abnormalities in the hearts of babies before birth, thus enabling surgeons to be prepared for vital corrective surgery as soon as possible after delivery).

The programme is as follows:

Wednesday, 14th May

6.30 p.m.: Special opening, Preview of the Festival and Service of Dedication, followed by a reception for all who attend in the State Rooms, Speaker's House, Palace of Westminster at 7.30 p.m. Tickets for the Preview are £10 each.

Thursday, 15th May–Saturday, 17th May

10.00 a.m.–8.00 p.m. daily: Festival opens to the public. The entrance fee is £2 per head at the door; children under 12 free; students and pensioners half price.

Cheques should be sent to the British Heart Foundation, 57, Gloucester Place, London W1H 4DH (Tel. 01-935 0185), as soon as possible. Please support this event.

Grant Increases

The following increases in student maintenance grants have now been announced:

		Total	Increase	
Preclinical	(33 weeks)	£1800.15	**£220.65**	(14%)
B.Sc.	(40 weeks)	£2045.50	**£245.50**	(13.6%)
Clinical	(45–50 weeks)	£2466.10	**£288.10**	(13.2%)

(The rate of inflation last year was 19.8%).

Lt.Col. R. C. Francis, F.R.C.O.G., D.T.M+H.

Many congratulations to Lt. Col. Francis on his election in February to the Fellowship of the Royal College of Obstetricians and Gynaecologists.

59 Club, 21st Annual Dinner

The 21st Dinner of the 59 Club was held at the George Inn on the 1st of March, 1980. 15 members were present and Dr. John Wall the President took the chair. Dr. G. M. Preston was elected President for the 1981 Dinner and Dr. J. K. Smallshaw secretary. The members decided to accept the invitation of Dr. P. Trott to hold the next dinner at the Royal Marsden on the 7th March, 1981.

Guy's Hospital Cricket Club

This year's Past v. Present match will be played at Honor Oak Park upon June 7th. This is the 125th anniversary of the Club, and there will be suitable celebrations to commemorate this milestone in the Club's existence.

The Kenneth MacLean Cup

The Guy's Hospital Open Golf Championship will be played at Sundridge Park Golf Club on 28th May, 1980. Entry is open to all Guy's students, medical and dental staff and graduates. The competition is over 36 holes and there will be scratch and handicap prizes. Entry forms are available from: R. Heard, Golf Club Secretary, Boland House, Guy's Hospital, London Bridge, SE1 9RT (before May 16th).

Sherlock Holmes

This month we reprint the first of several articles from the late Maurice Campbell's monograph first published in the *Gazette* in 1934.

Dates from the Medical Diary

April

Mon. 28 Schedules for the Final Conjoint Examination in June must be left in the Medical School Office not later than this date.

May

Mon. 5 BANK HOLIDAY—Medical School Office closed.
Mon. 26 Entries close for the Final Conjoint Examination in June.
Mon. 26 BANK HOLIDAY—Medical School Office closed.

Dates from the Dental Diary

April

Wed. 30 Applications close for the Second B.D.S. (June) Examination.

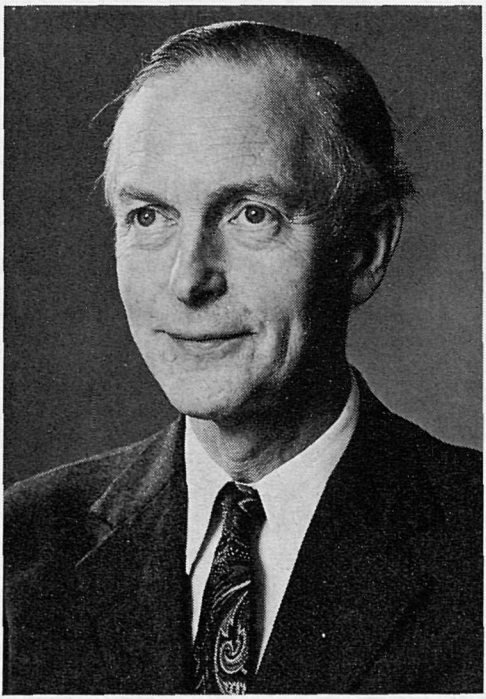
May

Mon. 5 BANK HOLIDAY—Medical School Office closed.
Mon. 12 Final L.D.S. Examination, Part I begins.
Fri. 16 Entries close for the David Frank Sturdee Prize in Prosthetic Dentistry and the Properties of Dental Materials.
Mon. 19 First L.D.S. Examination begins.
Mon. 26 BANK HOLIDAY—Medical School Office closed.
Tues. 27 Final L.D.S. Examination, Part III begins.

Appreciation

Mr. Rex Lawrie

Mr. Rex Lawrie, who was elected to the staff of Guy's on the day before the National Health Service began (5th July, 1948), has retired after 32 years of outstanding service to the Hospital—as Surgeon, Assistant Director of the Surgical Department before the Professorial Unit came into being and Surgeon to the Evelina Hospital, where he contributed a great deal to the Paediatric Department. He was also Surgeon to the Bolingbroke, Edenbridge and Sydenham Children's Hospital.



His industry was proverbial and he was everywhere at once, apparently without effort. Having worked at these hospitals myself I soon appreciated the respect and affection which Rex Lawrie commanded and the obvious enjoyment he derived from all these institutions.

His academic achievements were remarkable. At the Middlesex Hospital in his student career he won many prizes and, finally, the Gold Medal in the M.B. B.S. examination of London University.

He soon proceeded to the M.R.C.P., F.R.C.S., M.D., and M.S. and was later elected F.R.C.P. But of all these distinctions he made light, as he has always been modest to a degree. He is, indeed, a loyal and peaceful man, honest in his opinions and honest with his juniors about their mistakes. He never flattered but would always give his assistants the benefit of the doubt and generously stand by those for whom he was responsible.

An ambidextrous and skilful surgeon, he was notoriously quick and adaptable in the Theatre but as a teacher he really made his greatest contribution, to students and junior staff alike. Always unruffled and full of good humour he was invariably available when called in emergency and he seemed as happy doing the operation as assisting his Registrar, who did alternate cases on every list. Rex Lawrie, indeed, was the Registrar's surgeon and many of them would gladly pay tribute to him on this account.

An Examiner for six years on the Court of the Royal College of Surgeons he also examined in Cambridge and London Universities, all of which pleased him very much.

His other achievements included service in the Army in World War II, both in plastic and general surgery, and acting as co-author of a Textbook of Surgery in 1958 to which he himself made many contributions.

Rex Lawrie, however, will be remembered for his kindness and help to numerous Registrars, many of whom owe their establishment in consultant posts to him. At the weekly Death and Complications meetings at Guy's he had a charming way of disarming the participants and compelling their honesty.

Even in the world of committees he contributed a great deal with his common sense and wit. He once suggested that members of medical committees should make carpets so that there would be something to show for their hours in session.

He is now Consultant Adviser to His Excellency the Sultan of Brunei and is no doubt bringing the old energy, humour and honesty to the problems he meets.

We wish him and his wife a long, happy and active retirement.

I. McC.

Obituary

Dr. F. W. Lawson

No longer will this short erect and neat man, wearing a cloth cap, and accompanied by his son's faithful dog Samma be seen twice daily walking through the streets and country lanes of Alderney, for Frank Winter Lawson died on March 8th in his 89th year.

He was born in Aberdeen and qualified in 1914. Soon after he joined the Royal Navy and when the destroyer on which he was serving was torpedoed he survived on a raft for several days until rescued by

a Norwegian steamer. He was repatriated and served for the remainder of the war in the Royal Naval Hospital, Chatham, where he met his future wife.

After the war he went into general practice in Cheltenham where he soon became a much beloved doctor and a prominent member of the methodist congregation. In a town well known for its schools he chose to look after the workhouse.

He retired to Devon and when his wife died some years ago he came to live in Alderney where his younger son had settled. His older son was killed during the last war flying a Hurricane.

Though a strict teetotaller and very deaf he was the life and soul of the party at a Guy's gathering a few years ago.

His physical and mental powers remained unimpaired to the end and his memory was excellent. Latterly he lived in an old people's home where he celebrated his 88th birthday some months ago.

W. G. T.

Clubs' Union News

April was a tranquil month; the almond trees blossomed outside the Medical School and the students nested. The peace was shattered by the return of a triumphant Rugby Team from Southampton, having won the National Medical School's Rugby Sevens; Guy's was too quiet for them, so the Rugby Club went on a tour.

The most important item of news is that, during the weekend of 11th–13th April, a conference was held at Nottingham University by the Medical Student Societies Information Service. This is an apolitical body, sponsored by the Medical Defence Union, which exists to encourage feedback between the students at United Kingdom Medical Schools.

The conferences provide an opportunity to meet other medical students, to discuss shared problems and to benefit from their experiences.

Chris Donovan, George Noble and I attended the Nottingham Conference, meeting delegates from most of the British Medical Schools, including Belfast; unfortunately, London was poorly represented, as only Charing Cross, King's and Guy's attended. A wide range of topics was covered, for example: ideas for Freshers' and Charities Weeks, where to print posters and magazines and which manufacturers provide the cheapest sweatshirts.

The discussions were strictly confined to social affairs, as other organisations exist to represent students on the educational and political fronts. It was a most useful weekend, greatly enjoyed by all; a chance to prevent the insularity that frequently develops on entering Medical School.

Tickets will shortly be on sale for two major social events—the Summer Festival and the Summer Ball. Both promise to be enjoyable and should provide light relief, having been carefully slotted into an exam-laden period.

It has been decided to hold Inflams fortnightly, on alternate Tuesdays and Thursdays, and to check identity cards at the door. This security measure should help to prevent some of the disputes that occasionally occur during inflam nights.

DEB BROOKE.

The Friends of Guy's Hospital

by Philip J. Helliwell

At 6.30 p.m. on Thursday, 25th day of May 1933, the Inaugural Meeting of the Guild of Ex-patients of Guy's Hospital was held in the Court Room. Mr. H. L. Eason, the Superintendent of the Hospital was in the Chair and it was attended by Mr. F. E. Malyon, later elected Honorary Secretary, Mr. E. R. P. Homfray, elected Honorary Treasurer and 42 ex-patients.

In his opening address Mr. Eason said that although at the present time most voluntary hospitals were being run at a loss, Guy's had during the past year just paid its way, although there was a large overdraft at the Bank. The cost of running the hospital had risen from £70,000 p.a. before the war (1914) to £191,000 in 1932, mainly due to higher wages and more expensive medical and surgical treatment (There was no mention of inflation). To meet this, patients themselves had contributed some £58,000.

It was agreed that Wing Commander Sir Louis Greig, K.B.E., C.V.O., a member of the Board of Governors should be invited to become the President of the Guild.

The first Annual General Meeting of the Guild was held on 21st March 1934, and it is recorded that the "formation of the Guild and its very successful years working had given the Governors of the Hospital sincere pleasure." Over 1000 members were enrolled in the first year and after paying all expenses, including the provision of a number of bed tables for patients, and the renovation of some of the couches a balance of £10.0.0 was being carried forward.

The first donation to the hospital general funds, a sum of £26.5.0 was made the following year and it is a delightful epitaph to the honesty of the Honorary Secretary that it is recorded—"The Minutes of the Second Annual General Meeting held in the Court Room, Guy's Hospital on Wednesday, March 20th 1935, at 7.15 p.m. and written from memory on November 4th 1935."

After three years in 1936 the Honorary Treasurer was able to report that total benefactions to the Hospital amounted to nearly £500.0.0. The Matron, the great Miss Emily MacManus expressed her

appreciation of the work that was being done by ex-patients, particularly for the gift of armchairs and bed-tables to the Nurses Sick Room.

The South London Press of the 17.3.37 reports:—

"Splendid work of Guy's Ex-patients' Guild. Attached to Guy's Hospital is a guild of ex-patients who provide comforts for the institution. Sir Louis Greig, the famous airman, is Chairman, and he joined the Guild's annual gathering on Wednesday.

The annual report mentioned that more than 4000 members had been enrolled and since its foundation four years ago it had presented Guy's with 75 armchairs, 81 bed-tables, 1000 writing pads and a number of games and book rests."

In 1938 Viscount Goshen, the President of the Hospital wrote to Miss Sidney who had become Secretary of the Guild congratulating the League on their satisfactory progress. He assured the members that it was not only their donations which are appreciated but the spirit in which they are given.

The first signs of war appear in the minutes of the 6th A.G.M. on March 23rd 1939, when the President apologised for his inability to attend because he had been called to duty at the Foreign Office. At a meeting of the Committee held on April 24th 1941, we read that "in the recent fire caused by enemy action some Guild stationery was damaged by water, but that all records etc. were saved. It was proposed that a vote of thanks be sent to the Editor of the *Gazette,* Students and to all those concerned in helping to save the property of the Guild."

A significant entry in the minutes of the Committee Meeting of 25th March 1943, is to the effect that a radio should be purchased for the Wildernesse, the temporary war time annexe "when obtainable".

It was about this time that the scheme to "Grow Greens for Guy's" was started. This had the very enthusiastic support of the Matron, Miss MacManus, who had started her own allotment in the area now occupied by the East Wing, after the original building containing the Court Room had been destroyed by enemy action. A stall was set up on London Bridge Station where fruit and vegetables were collected, and in the first year of its existence in 1943 over 4 tons of produce was donated to the hospital. In the photograph, Miss Linda Titley, then a Ward Sister and later Matron of Guy's, is seen receiving gifts.

The opening paragraph of the Secretary's report for the year ended December 31st 1945, is worth reading. "It is with pleasure I report that our income for the year ended 31st December 1945, reached the splendid total of £965.17.7, the largest amount for any one year since the inception of the Guild, and, but for the flying bomb and rocket menace during the early part of this year which claimed many members, we should have achieved our ambition of an income of £1000."

Despite the bombs the scheme to "Grow Greens for Guy's" reached over 11 tons of vegetables and fruit that year.

By the time of the Annual General Meeting in 1946 it was widely realised that a National Health Service would shortly be introduced and people were having doubts as to the need for voluntary support. With considerable foresight, Professor Johnston, the Superintendent of the

DIFFICULT TO GROW
In the Vicinity of the Hospital and
TO PROVIDE AS FRESH AS
DESIRED FOR PATIENTS
A GIFT FROM YOUR ALLOTMENT OR
GARDEN WOULD
Please place GIFTS on TABLE
PLATFORM
BY THE HOSPITAL.
1943
385
GUY'S HOSPITAL

Hospital in answering a question raised about the National Health Service said "the Hospital would be granted sufficient to pay its way under the scheme, but that it was extremely important that Guy's should retain its own individuality and character. The Government would not be free to provide extra comforts and it would be there that the Guild would be needed to continue this invaluable help. The Governors of the Hospital wanted Guy's to remain the Hospital known to all and not to become a cold impersonal place with no real soul of its own, and in this direction the Guild could do so much." Looked at with the hindsight of the past 30 years what a remarkably intuitive statement that appears.

By 1948 the income of the Guild had risen to over £1000 per annum and it had been accepted that despite the introduction of the National Health Service there was a need for the Guild. In a letter to Regional Hospital Boards, Hospital Management Committees, and Boards of Governors the Department made it clear that the Minister regarded it is improper for Boards to appeal for funds as—"The financial position of hospitals in the National Health Service is free from doubts . . . There is of course no objection to the acceptance by Boards of gifts etc. made to them by independent bodies such as . . . the Friends of Hospitals."

This remarkable document is worth reading as a masterly illustration of how to draft a memorandum which retains the best of both worlds. On the one hand to meet the politicians claims to be providing a Health Service which covers everything from the "cradle to the grave" and on the other hand to allow the service to benefit from voluntary contributions and "free monies" and thus preserve a semblance of the old voluntary system.

Early in the records of 1949 we get the first suggestion that the activities of the Guild of Ex-patients and "other friends" of Guy's Hospital should be united. Amended rules to allow this were placed before an Extraordinary General Meeting on 27th April 1949, and the name was changed to become "The Guild of ex-Patients and Friends of Guy's Hospital."

It continued in this form until 1972 and during this period the activities and benefactions of the organisation increased considerably. By 1962 for example receipts from more than 10,000 annual contributors of small sums reached the splendid total of almost £6000.0.0. The money was used in a variety of ways. Many small amenities for patients such as ash trays, electric shavers, fruit bowls, and flower vases were provided. Wheel chairs and tables and chairs were given to wards when they were needed. A start was made on the very large sums which have been given over the years to provide television sets and headphones. Booklets of information appertaining to the work of the hospital were made available to patients of which probably the best known was for children entitled "Billy goes to Hospital". The Buffet in Medical Out-Patients was enlarged and re-equipped. Recreational facilities were provided for ambulance patients in the York Clinic and substantial sums were given for research purposes.

In common with most voluntary hospitals prior to 1948 there was another voluntary organisation at Guy's whose primary objective was to raise funds to support the hospital and provide amenities for the patients. This was the Ladies Association. Historically this was a much

older organisation than either the Guild or the Friends. The members were mainly recruited from the wives of the medical and dental staff and they raised money by organising fêtes and tea parties and similar functions. Some of these were very ambitious and certainly on one occasion an elephant was hired from Chessington Zoo to parade the streets of the Borough advertising a special fête. With the money which was raised beds were endowed and substantial support was provided for the hospital.

They also organised sewing groups, one of which is in existence to this day. These groups not only meet at Guy's but in various districts where there happened to be a group of people anxious to do something to help the hospital. They made nightgowns and other articles of clothing for the patients and particularly clothing for babies born in Victoria Ward. It is invidious to mention names when so many people have so willingly given of their time, energy and enthusiasm, but there are four splendid ladies, Mrs. Kitty Bulleid, Miss Janet James, Mrs. Grace McNair and Miss Agnes West who have supported this cause for longer than most of the staff can remember.

The Chairman of the Ladies Association for over 30 years was the late Lady Ebbisham, a true friend of the hospital. Her daughter, the Hon. Janet McBeath, took over when she retired and it was Mrs. McBeath who was responsible for the introduction of the Trolley Shop which was run by the Association and has been such a boon to patients.

Clearly there was a good deal of overlap between the activities of the two groups and indeed in many hospitals they amalgamated shortly after the inauguration of the Health Service. Amalgamation did not take place at Guy's however, until 1972 and the formal order for the winding up of the Guild and the Ladies' Association was not made until the end of that year.

At a Committee Meeting of the Guild of ex-Patients and Friends of Guy's Hospital held on Tuesday, 31st October 1972, it was reported that the Charity Commissioners had approved "The Friends of Guy's Hospital" as a charity, and it is under this title that the three organisations became united and the first Chairman was Mrs. McBeath.

The Friends are run by an Executive Committee, now under the Chairmanship of Mr. A. C. Edwards. They have nearly always had the benefit of expert financial advice from a member of one of the local banks and Mr. Edwards, who before he retired was manager of the National Provincial Bank in Southwark was Honorary Treasurer for many years. The members of the Executive Committee are representative of all walks of life connected with the hospital. The Committee is primarily concerned with policy for the collection and augmentation of funds and the disbursement of its benefits. In the year ending December 31st 1978, the income from membership subscriptions alone amounted to nearly £24,000. This income is supplemented in a variety of ways. A Christmas Stall is held regularly in the Colonnade, organised by Mrs. Margaret Campbell selling gifts collected by the members. Mr. and Mrs. Arthur Franks have been indefatigable for many years in organising raffles, tombolas and sweepstakes. A fête is usually held on alternate years and will take place this year on 11th June. Sometimes as on this occasion the proceeds are directed towards a specific cause and follow-

ing the International Year of the Child are to be devoted to the Welfare of Mentally and Physically Handicapped Children and those on dialysis in the Renal Unit.

In 1975 the Special Trustees provided the money to build the Flower Shop and this was handed over to the Friends to run. Mrs. Margaret Helliwell accepted the responsibility for running it on a voluntary basis and it has proved an outstanding success. Quite apart from providing the Friends with a substantial income it gives a service which is enjoyed by staff and patients alike.

The list of benefactions now provided by the Friends each year is impressive. Substantial sums are given to swell the funds of the Research Committee of the Medical School. Money has been provided to renew the whole of the radio system at Guy's and provide very extensive facilities for television. Every conceivable amenity has been purchased at one time or another for the patients. Ward furnishings have been given when necessary and books are purchased for the Library Service each year. More recently material support has been given to the *Nurses League Journal* and to the *Gazette.*

In the past the guiding principle has been to spend money on things which would not normally be available from exchequer funds, but as the financial stringencies in the Health Service have increased the Executive Council have interpreted these terms of reference as liberally as they possibly can. It is now clear that many hospitals, particularly in London, are going to have to rely more and more on non-exchequer sources for anything apart from basic necessities and the need for the help of the Friends is going to increase.

The Executive has a Services Sub-Committee made up of people who actively give their time to work for the Friends in the Hospital. They have taken over responsibility for the Trolley Shop and Sewing Group started by the Ladies Committee. They also provide a flower service for patients in the wards and help with the Library Service which is most ably run by Miss Culverwell for the Red Cross Society.

When there is to be a big event such as a fête, a special sub-committee is set up by the Services Branch. The last one was three years ago under the Chairmanship of Mrs. Enid Hutton and was a notable success.

Provision was made in the Health Service Act for volunteers to work in hospitals if they so wished. In these days of Trade Unionism great care has to be taken to ensure that the work they do is of an acceptable nature. We have been particularly fortunate at Guy's when we have a most capable organiser in Mrs. M. McGlone. Mrs. McGlone sits on both the Executive and Services Committees and works in complete harmony with the Friends—creating a most useful symbiosis.

We hear so much about the state-run Health Service that we tend to forget the tremendous contribution which is made in our hospitals by voluntary workers. We should be grateful to them for all they have done in the past and we can be certain we are going to need their help even more in the future.

New Help for New Parents

by Anne Bosanquet & Mary Monteith

An exciting new project is about to start at the end of this year. In the light of unsatisfactory statistics for infant mortality rates in this District, and generally poor use of child health services, the Health Education Department is organising a dynamic voluntary programme called "NEWPIN"—the New Parent Infant Network. It is intended that specially prepared volunteers who are also mothers should be matched to expectant mothers at the ante-natal stage, when they can give special, individual support in pregnancy and as long as is needed afterwards. The specific aims of the project are to improve the quality of the parent-child relationships; to encourage the early uptake of ante-natal care and preventative child health services: and to promote breast feeding. It is hoped that by having these aims some cases of child abuse may be prevented and an overall decrease in peri-natal and infant mortality rates may be effected.

The idea for NEWPIN is based on the "HOMESTART" scheme which has been running in Leicester for the last five years. But whereas HOMESTART matches a volunteer to families who are already in difficulties, NEWPIN hopes to offer a volunteer to any mother who would like one.

Locally, the scheme evolved in response to multi-disciplinary meetings chaired by Dr. Margaret Lynch and including representatives of Health-Visitors, Midwives, National Childbirth Trust, Pre-school Playgroup Association, Social Services, Parents Anonymous and the Community Health Council. A Trust has been established to administer the scheme and a draft document submitted to the Charity Commissioners for registration as an independent charity. NEWPIN will be run by a full-time co-ordinator who will recruit and train the volunteers, and the scheme will be funded independently. National Westminster Enterprises have seconded a full-time member of their staff, Mrs. Heather Shaw to NEWPIN for eighteen months to act as full time fund raiser.

In the longer term it is planned to house the NEWPIN co-ordinator and associated social workers in an extension to the McNair Centre, which will also accommodate the health visitors and nurses providing the statutory child health services for this part of the District. The extension will be known as the New Salomons Centre after the original local infant welfare service founded in the 1920's and run from a building in Newcomen Street. Funds also need to be raised independently for the capital costs of this scheme, and the League of Friends has already made a substantial commitment of £45,000 towards NEWPIN.

Staff associated with the child health services regard the siting of these services and NEWPIN so close to the McNair ante- and post-natal clinics as an essential part of the plan so that mothers do not have to wander around the Guy's site from department to department.

Meanwhile however, until the New Salomons extension is completed the NEWPIN co-ordinator will start her working life based in Sutherland House in the Walworth Road.

Many people living in North Southwark face formidable social and economic problems. At least one third of the under-fives population and their families move every year, and the illegitimacy rate is almost three times the national average. It is not wholly surprising that the infant mortality figures are higher than the national average nor that a significantly higher proportion of children under 16 years is on the local Child Abuse Register.

The statutory services are facing enormous difficulties in trying to deliver even a minimum standard of care to mothers and children in the local community. A volunteer programme where the volunteers have experienced many of the same problems themselves, may help to ensure that the statutory services that are available are used more effectively and as importantly, provide individual, personal support that cannot be provided on a wide basis by existing services. The scheme certainly seems to have struck a sympathetic chord with women who are mothers and the Health Education Officer, Mary Monteith, already has a list of volunteers. Indeed the project has already attracted wide interest, but if the scheme is to get off the ground at all more funds are needed. Anyone wishing to provide help or funds should contact Heather Shaw or Mary Monteith in Mary Sheridan House on extension 3592. All approaches would be most welcome.

The Arms of Guy's Hospital

by T. H. E. Orde

I think we must accept unquestioned the considered opinion of Sir Richard Wagner that the attributes of the shield and its charges (the important part of any heraldic "achievement") derive from the arms used by the sixteenth century worthy of the name of Guy of whom there is evidently record at the College of Arms. What of course Sir Richard fails to disclose, and what we would be most interested to know, are the details of this 16th century design insofar as these are known at the College of Arms of which Sir Richard, as Garter King of Arms, is the principal functionary.

The original Grant document of 1725, signed by the then Garter King of Arms, John Anstis, which can be seen in Mr. Burfoot's office, provides a categorical explanation of the crest; stating it to be the emblem of charity, which would seem appropriate enough for a charitable institution. The motto, often seen associated with the crest when the rest of the achievement is wholly or partly absent, is *"Dare quam accipere"* (To give is better than to receive) a sentiment impeccable—as it always seems to me to place the unfortunate recipient at a disadvantage, and which, unlike the declaration of a certain Guy's physician, was not intended to refer to the medicines administered in the wards! The motto receives specific mention in our Grant and, if my understanding of heraldic practice is not at fault, is the one feature of the achievement in connection with which the form might be expected to reflect the wishes of the grantee. The Guy's motto is doubly appropriate; being applicable equally to the munificence of the Founder and

"These are the arms, crest, supporters and motto belonging to the Hospital in the Parish of St. Thomas in Southwark, founded by Thomas Guy."

to the destined work of his foundation. There is a possibility, I suppose, that this same motto was associated with the 16th century arms from which the Guy's shield and charges are thought to have derived. But this I think is unlikely for the coincidence of a motto so appropriate in the circumstances of 1725 having also been chosen for the arms of an individual who lived 200 years earlier and who happened also to be named Guy seems too unlikely a one to be seriously entertained.

This leaves us with the Angel Supporters and the Helmet to consider. Both have been the subject of speculation. The former, it was suggested by Sir Richard Wagner, when he was Richmond Herald, may have been linked to the Supporters of the arms of the Stationers Company, likewise angels, but who hold trumpets instead of books in their hands. This notion, an interesting and plausible one, encounters however the difficulty which forms the subject of correspondence I have had with the Stationers' Company. The helmet (which supports the crest in fact as in heraldry) on the Guy's achievement is, by its colour and orientation, identifiable as one appropriate to a peer of the realm, and is held by some who are well placed to express a valid opinion, to be unsuited to the arms of a mere corporate body, and explain that the more modest "Esquire's" armoured headgear is, or should be, the usual thing. This implied failure of the College of Arms to observe its own rules is I think associated with the belief that in 1725 the standing of the art and mystery of heraldry was not all it might have been, and that things generally were in a low state; this being reflected particularly in the poor heraldic artistry of the period. In this latter connection the representation of the Guy's arms painted on the Grant itself may presumably be taken as an example. To what extent such criticisms may be justified I do not know, but if a choice had to be made between the representation of the achievement on the Grant and that moulded (as I am told) in lead which crowns the ironwork of the St. Thomas' Street entrance, I think I might opt for the latter. Another thing which may be thought to support the contention of slap-dash heraldry in 1725 is the circumstance that the heraldic term for gold is the french equivalent "or" and you will note that in the blazon (i.e. the precise description of the achievement written into the Grant itself) the first reference to this colour is in the french whereas, towards the end we read of the angel Supporters each "holding a Book proper the Clasps Gold". We outsiders however must consider ourselves on thin ice at all times where heraldry is concerned and be careful not to assume too much. It would not surprise me therefore if this apparent inconsistency, having been pointed out in knowledgeable quarters, the seeming error turned out not to be one at all.

To sum up; forgetting for the time being all finer points and distinctions of heraldry and the arguments about what may or may not be the significance of this or that feature of the achievement, we can perhaps permit our own notions to form around the following factual and conjectural statements:—

1. The granting of arms to corporate bodies was an established practice when Thomas Guy founded his hospital.

2. Guy's Hospital however was the first charitable institution of its

kind to be granted its own individual arms of which a watertight record can to-day be produced at the College of Arms.

3. Thus, in granting arms to the Guy's Corporation in 1725, the College was in a sense breaking new ground and the precedents of earlier corporate grants may not, from their point of view, have provided entirely satisfactory guidance; bearing in mind particularly, considerations such as the following.

4. Incorporation was in 1725 usually by Royal Charter, but, in the Guy's case, by the express desire of the monarch (George II), incorporation was effected by a special Act of Parliament. This Royal initiative it seems to me could be interpreted as primarily intended to represent, symbolically, the King and his people joining in homage to the man who, by the scale and grandeur of his conception, to say nothing of his munificence, had indeed "rivalled the endowments of Kings"—the closing words of the epitaph on Bacon's monument to the Founder in the hospital chapel.

5. That a grant of arms under these auspicious circumstances would be sought and granted goes without saying, as does the presumption that the Earl Marshall would have been on his toes to ensure that his minions at the College of Arms would rise to the occasion in commensurate manner.

6. Heraldic form and precedent had to be observed, but what may also have needed to be taken into account was that, just as the nobility and gentry ranged from Peers to Esquires, so might one Corporation be considered to take precedence over another. The Corporation of Barber-Surgeons for example, notwithstanding its royal association, could not convincingly be bracketted in an heraldic or any other sense with that of the Corporation of "The Hospital Founded at the Sole Costs and Charges of Thomas Guy, Esquire".

7. How then would the desired distinction be brought home in the blazon? There was it seems one way. Supporters for the central shield there would have to be for they were to be found on many more or less humdrum corporate arms. The helmet however is, as you may read in one of the enclosures, the one feature of an achievement directly related to the status of the grantee, and it is submitted for your consideration that the inclusion of a peer's helmet (Gold, with visor open, and half facing to one side) on the hospital's arms was in fact no error due, as has been suggested, to the ignorance, carelessness or incompetence of the Herald or Heralds concerned in preparing the 1725 Grant. If this was indeed a culpable or inexcusable transgression of heraldic precedent and protocol we must then, in logic, accept that John Anstis, the then Garter King of Arms and Head of the learned College, richly deserved dismissal for failing to spot the mistake. Things must indeed have been slack for this, of all Grants, to have slipped through in a less than perfect state.

To revert for a moment to the central and important part of the achievement—the shield and its charges. The feeling expressed that this may conceal some allusion to the Founder or to his hospital would

I think be a legitimate enough speculation in the generality of cases, but having thought about the particular example of the Guy's arms in the light of what we do and do not know I am inclined to conclude that any allusion of this sort is in all probability limited to the obvious and speculative ones associated with the crest, motto and supporters which have already been considered. That part of the blazon which relates specifically to the shield and its charges reads as follows:—

"SABLE ON A CHEVRON OR BETWEEN THREE LEOPARDS' HEADS ARGENT EACH CROWNED WITH AN EASTERN CROWN OF THE SECOND AS MANY FLOWERS DE LYS AZURE. . . ."

There seems to be no hint of what we are looking for here. Admittedly the heraldic significance of such emblems as "Flowers de Lys" (Why not Fleurs de Lys? Is this another example of the poor heraldry already adverted to?) "Cheveron", "Leopards' Heads" and "Eastern Crowns" may be lost upon us amateurs; but is there any profit to be gained from investigating the matter when we have accepted it as axiomatic that the design of the arms is basically a borrowing from an achievement which had been used, if not formally granted, a couple of centuries before? If any symbolism of this kind is intended to be embodied in the Guy's shield and charges it cannot, under this special circumstance, be sought elsewhere than in the "differencing" which the 1725 Heralds needed to apply to the 16th century formula to produce that of the 18th century; for we have to remember that every new grant must differ in at least two particulars from those existing. If, for example, the shield of the 16th century Guy had borne the same three Leopards' Heads Argent, but were uncrowned or crowned with a Crown other than an Eastern Crown, the significance of such a selective change might be looked at for a possible allusion to the new grantee. But in this case we do not know what the "differencing" amounted to, and until we do speculation will lead us nowhere. But my understanding—or perhaps misunderstanding—of the matter, is that heraldry does not necessarily work in a tidy logical way, and if allusions, obvious or recondite, are to be read into the emblems on the shield in certain cases, this may be the exception rather than the rule or even vice-versa! There is, for example, record of a family of GUY (of Wilts and Northants I believe) whose arms, insofar as the shield and its charges are concerned, are closely akin and the motto identical with those of the hospital, but in this case the Leopards' Heads are uncrowned and the other charges are I believe of different colours (tinctures). It seems pretty clear that in this case the hospital's arms provided the blue-print for a later grant just as the hospital had derived its own arms from an earlier (unofficial) coat of arms, the common and determinant factor being the name GUY taken out of its context in each of the later instances. A fairly usual misapprehension—which I should mention—is that the arms of the hospital are those of Thomas Guy, or based on such. There are no grounds for the surmise. Sir Richard Wagner has stated that there is no record at the College of Arms that Thomas Guy was granted arms during his lifetime though he does allow himself the speculation that Guy may have believed, but could not prove himself related to our 16th century acquaintance. Whether this notion has any validity or not we may consider that if in 1725 Guy had been regarded

by the College of Arms as armigerous, his own personal arms would have been those we would see on his statue in the hospital forecourt to-day. The arms thereon are, however, those granted to the hospital, and if you refer to the Grant itself you can read why they are there to be found. The use of the term "Esquire" in Guy's time may have connoted the right to bear arms to a greater extent than the same word does to-day, and this might lend colour to the idea that Guy, if not actually armigerous, was potentially so. His name is thus qualified in the opening words of his will, and the distinction is repeated in the statutory title of his foundation. I believe too that it would be found on investigation that Governors of St. Thomas' Hospital were grouped in the record of attendances at Committee meetings according to their rank, the name of Guy being among the "Esquires". All this of course may have no heraldic significance and the title may only signify that it was generally conceded by friends and associates in acknowledgement of his standing as a citizen and philanthropist, and quondam Member of Parliament. Guy's great-grandfather we now know, was a Hampshire clothier. If the great-grandson was entitled to regard himself as of gentle birth, his brother John could have likewise. In the latter's will however John is content to label himself "haberdasher". We also have the will of the father, Thomas Guy senior (died 1653). He was a Carpenter. I must say that from all I have ever read or heard about Thomas Guy, he would seem to have been the last person likely to wish to parade himself, like Aesop's crow, in peacock's feathers. But pride, an infirmity proverbially considered to be the prerogative of noble minds, takes unpredictable forms, and perhaps, like his 16th century precursor, the desire to be or appear to be something he knew he was not, may have been the one vanity our Founder had allowed himself.

Sherlock Holmes and Dr. Watson
A Medical Digression (Part 1)

by Maurice Campbell, O.B.E., D.M., F.R.C.P.

The Medical Knowledge of Dr. Watson

Among the many well-known characters of Victorian fiction, Sherlock Holmes and Dr. Watson have found a secure place. For the middle-aged, who remember their adventures in old *Strand Magazines*, most modern detective stories provide a poor substitute, though the prototype on which they have been roughly modelled is only too obvious. During the last few years this interest has led to several investigations of the life history of Holmes and his faithful companion. None of these has dealt specifically with the medical problems involved, though these are of great interest, for Watson's views can be taken as representative of the solid practitioner of the late Victorian age, and the more specialised and scientific knowledge as the special métier of Holmes. Had Watson not been a doctor the stories would have lost a good deal in accuracy. [In his *Harveian Oration* of 1944 Sir Edmund Spriggs has tried to show

the important influence that a medical training had on many distinguished names in English literature.]

Naturally, when dealing with crime there must be many medical details, but it is surprising how many incidental references there are in addition, showing that Watson was really interested in his profession and looked at life from a medical angle. For example, instead of reading that Victor Trevor was the sole surviving child, which is all that is essential from the story, we are told that his only sister had died of diphtheria in Birmingham (The Gloria Scott). Similarly we read that Dr. Grimsby Roylott's wife had been killed in a railway accident at Crewe (The Speckled Band), that Ronald Adair's mother had returned from one of the Australian colonies to undergo an operation for cataract (The Empty House), and that old John Turner, whose natural death was needed to save him from the gallows, had suffered from diabetes for some years (The Boscombe Valley Mystery). Possibly his limp, the impressions of which in the mud helped Holmes to trace him, may have been due to diabetic neuritis, for he died within seven months.

Since then, with the general use of anti-diphtheritic serum (1896) and with the discovery of insulin (1922), two of these tragedies might have been avoided. And if it is still possible to be killed in a train, such a death is now rare compared with death in a motor accident.

Any medical reader must be struck by the careful descriptions of the appearance and build of some characters, and will notice that the diseases from which they suffered are often found in people of such constitution. For example, there is the excellent account of the mental and physical characteristics of one type of hypochondriac, Thaddeus Sholto: "A high head with a bald, shining scalp, and yet an impression of youth—his features in a perpetual jerk . . . He began at once on Watson's arrival—'Have you your stethoscope? I have grave doubts as to my mitral valve, if you would be so good. The aortic I may rely upon, but I should value your opinion on the mitral.' Watson listened and could find nothing amiss. When they left his house to drive to Norwood he finished his attire by putting on a rabbit-skin cap with hanging lappets which covered the ears. 'My health is somewhat fragile,' he remarked in his thin, high voice, 'I am compelled to be a valetudinarian' " (The Sign of Four). A troublesome type of patient whom we all know only too well.

Or we have the picture of the lady who killed the professor's secretary, who was so short-sighted that she was forced to wear concave glasses of unusual strength—"with remarkably thick nose, with eyes set close on either side, with a puckered forehead, a peering expression and rounded shoulders, and yet with a long and obstinate chin." In spite of her somewhat unattractive exterior she showed that she was a woman of high ideals and quick decisions (The Golden Pince-Nez).

Or again, the picture of Mr. Henry Baker, whose characterists were so accurately deduced from his battered black felt hat—"a large man with a massive head and broad, intelligent face; a touch of red in nose and cheeks with a slight tremor of his hand," which recalled Holmes' surmise as to his habits. He spoke in a low staccato fashion, choosing his words with care, and gave the impression of a man of learning who had had ill usage at the hands of fortune (The Blue Carbuncle).

All these are familiar faces at Out-Patients, and we see Watson was interested in the constitutional types that are prone to particular diseases, a study brought to a more formal and scientific status by recent researches (Draper, G., *Human Constitution; A Consideration of its Relationship to Disease*, Saunders, Philadelphia, 1924). As another illustration there is the picture of James Armitage, alias Trevor, who died from cerebral hæmorrhage, probably from the posterior inferior cerebellar artery. On receiving a message about flypapers and hen pheasants, which meant so much to him and so little to everybody else, he began running round the room in little circles, and when laid on the sofa by his son his mouth and eyes were puckered to one side and a stroke was correctly diagnosed. The paralysis spread, and he barely recovered consciousness and died about twelve hours later (The Gloria Scott). Six months before he had had a short syncopal attack, and explained it away as due to a weak heart, but almost certainly this must have meant high blood pressure with cerebral angiospasm rather than an ordinary faint, and the suddenness of the attack was stressed. His build bears out this diagnosis—he was a thick-set, burly man, with a brown weather-beaten face and blue eyes keen to the verge of fierceness; he must have been about forty-eight, and had had a hard life in the goldfields of Australia.

In all stories of this type, murder and sudden death must figure largely, and the way in which these are handled gives a good indication of medical knowledge. Watson realised clearly that, where death took place almost at once, it was generally from injury to the heart, *e.g.*, William, the coachman, who never spoke again, was shot through the heart (The Reigate Squires); Hilton Cubitt died instantaneously, for the bullet had perforated the heart (The Dancing Men); and Stangerson, who died so quickly that even in Halliday's Private Hotel no one heard a sound, had received a deep stab in the left side, penetrating the heart (The Study in Scarlet).

On the other hand, when Woodley boasted that Carruthers was too late because Violet was now his wife, and received a revolver bullet through his chest with the prompt reply, "No, she's your widow," Watson was at once able to say that he would live, in spite of his dreadful pallor, because the bullet had only passed through his lungs (The Solitary Cyclist). In the same way the young secretary had time before he died to murmur, "The Professor—it was she," when he was stabbed by the short-sighted lady and received a small deep wound which divided the carotid artery (The Golden Pince-Nez). Watson himself had been more fortunate when he was wounded in Afghanistan, for the bullet just grazed the subclavian artery (The Study in Scarlet), and after his wound had healed left him with nothing worse than occasional rheumatism.

Watson realised, too, that, apart from the heart, the medullary centres in the brain are most likely to produce rapid, but not such instantaneous, death. McCarthy was killed from a heavy blow which shattered the posterior third of the left parietal bone and the left half of the occipital bone, but his son had time to run back 150 yards and hear his mumbled words about Ballarat (The Boscombe Valley Mystery). Heidegger, the German master, when his skull was crushed by a savage blow, fell from his bicycle, mounted again and rode some yards before

he died (The Priory School). Seldon, the Dartmoor convict, when he fell on the rocks flying from the Hound of the Baskervilles, was heard to be moaning before he died from a fractured skull. We do not know how soon the trainer died after his skull was shattered by a kick from his horse, but he must have fallen unconscious at once, for he cut himself with his tenotomy knife as he was falling (Silver Blaze). On the other hand, when Watson found the groom unconscious, but with a terrible cut on the head, a glance told him that it had not penetrated the bone, so that he felt justified in hurrying on to try and rescue the "Solitary Cyclist."

In most of these cases enough facts are given for one to say that the results are such as would be expected medically from the previous events, and that Watson had accurate knowledge of these subjects. Trevor's symptoms before his death are described so fully that one can make a diagnosis of the actual artery that ruptured and produced the fatal cerebral hæmorrhage; almost certainly Watson must have witnessed such a case, because the description is more detailed than would be found in most shorter medical text-books.

There are two sudden deaths of special interest, because the circumstances were such as to raise a suspicion of foul play. In one we are told the findings at the inquest, and the facts described lead to the same conclusion; in the other the symptoms are given in sufficient detail to enable one to make the correct diagnosis.

Captain Morstan and Major Sholto were having a rather heated discussion about the Agra treasure when Morstan, springing from his chair in a paroxysm of anger, with his face a dusky hue, suddenly pressed his hand to his chest and fell backwards and cut his head on a box. Major Sholto found that he was dead, and as they had been quarrelling, even Sholto's own servant assumed that he had killed Morstan with a blow. Morstan had suffered with his heart for some years, and this, with the pain in the chest and the cyanosis, point to a syncopal attack associated with angina pectoris (The Sign of Four).

Colonel Barclay died under similar circumstances after a quarrel with his wife, and so she was accused of causing his death, but at the inquest the verdict was cerebral hæmorrhage, with external injuries resulting from his fall. The converse was illustrated in a well-known murder trial of 1924, famous because of the finding of a knife and some revealing remains in a bag in a railway clockroom, the defence being that the woman had injured her head on the fender by a fall, but the prosecution successfully maintaining that the injury to the head was the result of a blow (*The Trial of Patrick Mahon,* Famous Trial Series, Geoffrey Bles, London). In the story, the haemorrhage had followed the sudden shock of seeing an old rival, whom Barclay thought he had murdered twenty years before, at a moment when his blood pressure was already raised by quarrelling with his wife (The Crooked Man).

Both these natural deaths occurred as the result of emotional causes during quarrels. It is a popular, but incorrect, view that many illnesses are due to such external factors. Watson, however, has carefully chosen cases where it was likely to be correct, for excitement of any sort, especially anger, may precipitate an attack of angina or cerebral hæmorrhage, whether by raising the blood pressure or otherwise.

It would take too long to review all that is of medical and scientific interest, but I have collected as examples most of the allusions to heart disease and to tropical disease because in these two subjects at any rate Watson seems to have been excellently informed. *(To be continued)*

The "Careers Week"

by Chas Newstead & Paul Cullinan
(Student Medical Education Committee)

Medical students seem to have criticised every single imaginable aspect of their course at some time or the other. One criticism that has been made intermittently in the past has been the lack of career guidance available to both the under- and post-graduate medical practitioner. This question was thoroughly discussed in an article written by Wesley Scott-Smith entitled *Career Guidance at Guy's* that appeared in the February 1979 issue of the *Gazette*. Partly prompted by Wesley's ideas and following discussions with the Sub-Dean (Prof. T. Clark) the Student Medical Education Committee (S.M.E.C.) decided to initiate a series of more or less formal talks on career guidance. At an early stage liaison with the post-graduate department was sought and we were lucky enough to interest Mrs. Gay Ogg (the secretary in the department) in the concept. She then went on to do a great deal of work in the cause and there is no doubt the week would not have been organised nearly as capably without her help.

The programme was:

Monday, 17th March, 4.30-5.30. Introduction to the series, Dr. B. Hicks and then an overview of the career structure presented by Dr. Essex-Lopresti.

Tuesday, 4.30-5.15. Mr. C. S. Good on careers in the pharmaceutical industry.

5.15–6.00. Group Captain P. Mills on career structure within the armed forces.

Thursday, 4.30-5.00. General Practice, Prof. P. Higgins.

5.00-5.30. Community and occupational medicine, Prof. J. Anderson.

Friday, 4.30. General Practice, Dr. Anne Evans.

4.45. Geriatric Medicine, Dr. D. Corless.

5.00. Surgery, Mr. O. Davison.

5.15. General Medicine, Dr. P. Isaacs.

5.30. Psychiatry, Dr. T. Kidger.

5.45. Medico-Legal Catastrophies, Dr. J. Barker.

After this last session the final year students and lecturers were invited to a buffet held in Boland House and sponsored by the Medical Protection Society.

We were conscious when we set the series up that it was a first try and were fully prepared for a considerable degree of disinterest among the students. In fact it is clear from the attendance rate that final year students are very interested in the career structure and future

prospects. The success of the week means that we intend that the series be repeated, taking note of the comments that the consumers had made both during "question time" sessions and on a circulated questionnaire.

The Kellogg Foundation's Preventative Programme In Bermuda. January, 1980.

by **J. C. Wedding, Preventative Dental Officer, Bermuda**

As far back as 1975, after a 25% survey of the School Children in Bermuda was carried out, it was apparent that our present system of arresting tooth decay was not dealing with the problem. The Kellogg Foundation were interested in starting a 5 Year Preventative Programme based on fluoride and luckily for us, Bermuda was chosen.

The ability of fluoride to slow down, and often arrest the rampant progress of decay, especially in young children between the ages of birth to 15 years was first discovered in 1945 and since then has been the basis for all Preventive Dental Programmes.

The organisation of creating such a programme, the running of it and the subsequent documentation of the results is of vital necessity and demands considerable ability from the present staff of four persons.

Frequent monitoring takes place to evaluate the progress and happily Bermuda was an ideal place for all this to take place.

Free fluoride is offered to all children from the age of 6 months to 12 years. A registration takes place and from then on, the child receives a daily dose of fluoride until he or she leaves Primary School.

Registration takes place at all Government Baby Health Clinics and Dental Clinics as soon as possible.

Daily liquid fluoride is given up to the age of 3 years, and from then on they receive a daily tablet until the child leaves Primary School.

Here it must be stressed, that owing to the Island not having a general piped water supply, fluoride has to be given on a daily basis and without the co-operation of Heads of nursery and primary schools together with the voluntary help of the class teachers, the Scheme would not function as well as it does.

So far over 90% of children are registered for the Scheme demonstrating parents concern over their children's teeth. The private dental sector on the Island has accepted the Scheme as a really worthwhile project.

After leaving Primary, the children are offered a Mouth Rinse Programme over a period of 2 years. The two Preventive Dental Nurses visit the secondary schools to conduct this part of the Programme.

However, Oral Hygiene still has to be maintained and another part of the Scheme is to make certain that this is not forgotten. Apart from posters, T.V. and radio, propaganda, every nursery and primary school is visited on a regular basis to demonstrate tooth brushing techniques

and the need to control "Sweet Food" intake. A definite emphasis on the need to cut out "Junk Food" consumption is another theme being actively pursued.

Already Dental inspections by The Preventive Dental Officer of Pre-School children in the nursery schools have started with the hope that treatment, using mobile equipment, will also be able to commence in the near future. This is of particular importance as up to now no regular examination or treatment has been offered by the Government Service.

Despite delays in starting the Scheme, it is now fully operational and hopefully will be continued by the Government after July 1982 as an essential service.

A Week at Pfizer

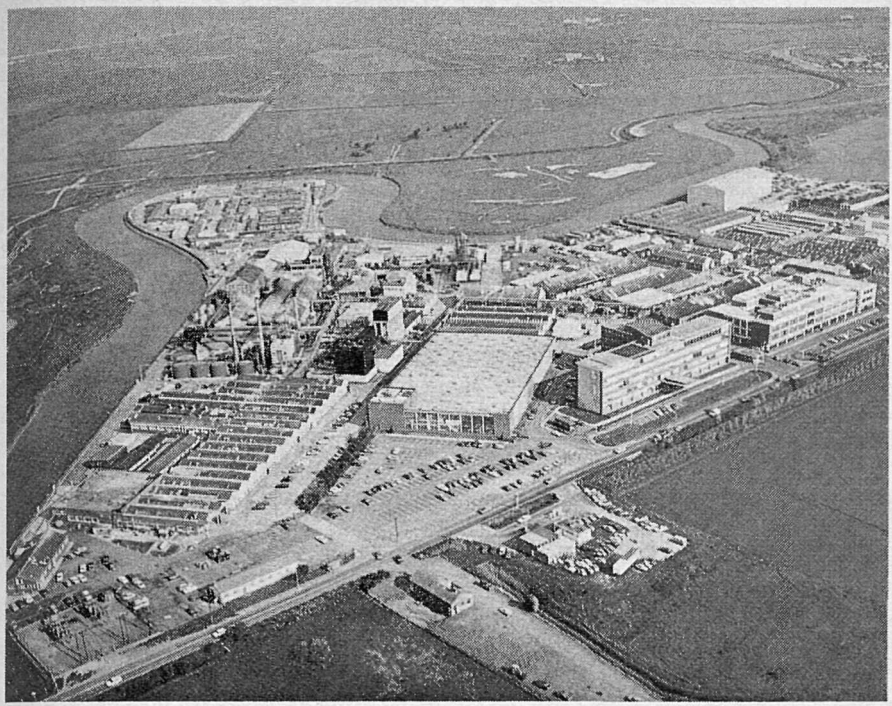
by Angela Barnicoat, Liam Broughton, Elaine Dare, William van't Hoff & Richard Lau

With the object of impressing on medical students the hazardous process of drug development and the risks involved, Pfizer Limited invited us (as this year's five Clinical Pharmacology B.Sc. students) to their plant for a week.

Pfizer are situated in Sandwich, Kent, a former Cinque port now separated from the sea by three miles of reclaimed land (on which the 1981 British Golf Open is to be played). We gathered in the Bell Hotel on Sunday night—Elaine fresh from the Ladies' Hockey Cup win and Liam extolling the merits of his Triumph Herald!

On Monday, replete with a four course breakfast, we struggled to the plant. We were shown into the Directors' Board room and successively introduced to the top men of the Company. This was our introduction to industry and private enterprise: profit. No company will develop a drug that will not make money—there is no question of moral pressure, drug companies *must* profit in order to support research. Thus drugs for tropical diseases have a low priority since the Third World won't have the money to pay for them. The best solution is to give partly-researched drug projects to Third World governments to develop. That said, Pfizer recently launched a drug to treat schistosamiasis, which is sold with a very low profit margin primarily to the Brazilian government. The work that went into developing this drug led, last year, to a Queen's Award for Technology and we were fortunate to see an excellent demonstration in their research laboratory.

Later on Monday we saw a film produced by the Association of British Pharmaceutical Industries which stressed the importance of continuing to develop new drugs in order to remain viable as an industry and to improve medical treatment. There followed a tour of the plant, our initial impressions of which were tinted by the smell of TCP (Pfizer is the sole producer of this antiseptic) and by the continuous howling



Above: the Pfizer plant at Sandwich

and barking of beagles. Despite these we were struck by the scale on which drugs are produced and by the very stringent regulations surrounding the process. Clad in paper hats and shoes (and resembling Russian biscuit manufacturers) we inspected the sterile manufacturing areas. Every now and then, but definitely more now than then, we were stopped by two gentlemen who followed at an indiscreet distance and insisted on photographing us. We are assured that these photographs will be used to entertain the Pfizer staff. However we were impressed by the cleanliness and safety of the manufacture—food producers have much to be ashamed about.

Tuesday saw us searching the library and computer stores for obscure references. Guy's has fairly impressive library and data storage facilities but once again, where profit is involved, industry is in the limelight. Later that day we had an excellent lecture on Chemical development of drugs. The nature of Pfizer is such that a drug is developed by a team of workers taken from all the disciplines within the company. Thus chemists work in close association with biologists, pharmacists, toxicologists, information scientists and clinicians. The two lines of chemical drug development are: "molecular roulette" in which substituent groups are randomly added and "Me Too" in which a present drug is modified to improve its specificity.

"Me Too" research is much maligned since it doesn't require the first stage of development and implies lack of original thought. Nevertheless the "Me Too" approach has been responsible for producing a selection of B-blockers and phenothiazines and, while many of these hardly differ from others in the group, it has enabled a tailoring of drug properties to patient need.

The next day we visited the Biology laboratories where the first screens for drug activity are undertaken. For every drug marketed approximately 10,000 are synthesized and screened. Species of animals vary in their response to drugs and so an animal model used to test one drug is not necessarily useful to screen another. Furthermore this variation exists not only for net response but for most pharmacological actions, besides all the elimination processes. This is a problem that not only hampers the biologists searching for pharmacological effect but also greatly hinders the toxicologists. These harrassed workers generate volumes of data in order to satisfy the requirements of the Committee of Safety of Medicines and to placate the outcries from over-protective Members of Parliament. The recent litigation in America over the alleged mutagenic effects of Debendox are a case in point. The tragic Thalidomide and Practolol affairs emphasize that animal models cannot necessarily predict human toxicity.

Above: the "Team" at the plant

Sobered by these thoughts we returned once more to the sumptuous accommodation at the Bell Hotel. Medical students (by and large) are not accustomed to the living we experienced. Consequently we are sure you will understand why we had two or three daily baths in our private bathrooms and watched individual colour TVs until our eyes popped out. We wined and dined in such proportions as would have made Falstaff look anorexic and so amazed were the hotel staff that one waitress laid a bet that Liam couldn't eat all the food that she liberally heaped onto his plate. What Guy's man could refuse such a challenge? He chewed hard on the steak and struggled with the liver but, we are proud to say, he cleaned his plate to the last mushroom and was amply rewarded with a bottle of wine. (To celebrate this triumph the males in the group paid a long visit to the only crowded pub in the town where the barmaid is a former Bunny girl.)

After such a gluttonous evening it was unwise to attempt to start Liam's car and so it turned out. We finally spent half an hour and involved the local populace (in the form of four G.P.O. workmen) in push-starting this museum piece before we spluttered to the Pfizer plant. The day was spent name-dropping since one of us had to return to London that evening to hear and entertain the American Ambassador at a Quodlibet meeting.

Friday, our last day, was spent discussing the clinical aspects of drug development. Human trials are usually conducted at selected hospitals (Guy's included) and the clinicans at Pfizer are responsible for supervising these. For every compound marketed, fifty enter clinical trials. These trials are the most expensive aspect of drug development accounting for perhaps 70% of the ten to twenty million pounds spent on producing a new agent.

It seemed to us that most of the clinicians at Pfizer had entered the company after being a registrar or senior registrar, and wide medical experience is certainly beneficial. The career opportunities for doctors in the drug industry are good: relatively high salary and company benefits, the ability to work regular hours and to travel extensively.

There is no doubt that the public image of drug companies is suffering from a barrage of insults. In this light the medical profession should be more than ever aware of the process and problems involved in developing and producing a drug. We are therefore grateful to Pfizer for allowing us the opportunity to become better informed and we hope that such visits will help the medical profession to reassess the importance of the pharmaceutical industry.

Stoma Care

Stoma Care is still a new concept to many nurses. Although the work was pioneered by Barbara Saunders at St. Bartholomew's Hospital about ten years ago, medical and nursing staff often still do not realize the need for special care. Patients with stomas have suffered

greatly in the past and sadly many still do when the psychological and practical support needed to come to terms with the stoma is not available. To suddenly have faeces or urine draining onto the abdomen is a very distressing event for most people. I have worked in the Guy's Health District for a year, and there was another stoma nurse a year before. My job is to see that all patients with stomas, fistulae and other drainage problems receive the highest possible standard of nursing care, and to teach nursing staff and students and medical staff about this care.

The three parts of my work are pre-operative counselling, immediate post-operative care and long term follow up of patients with stomas. The first part is perhaps the most important. Many patients still undergo surgery with little knowledge of the end result. Before I visit a patient for the first time, I check what the doctor has said to him so as not to give conflicting information and create insecurity. Then I make sure that the patient understands what is to happen and if necessary explain in simpler language. It is important that the patient really knows what the stoma will look like—that it is a piece of pinky red bowel, and that he knows whereabouts on the abdomen it is likely to be. Patients have many fears and fantasies about life with a stoma, and just talking to someone helps to dispel these. Sometimes people need a lot of encouragement and support so that they can express their fears.

The length and difficulty of the post-operative care depends of course on the patient's age and fitness and also on how well he was prepared. If a colostomy was performed as an emergency he is likely to take longer to come to terms with it. At first when an appliance is changed the patient just watches, and he may need a lot of support to do this. Then he is gradually encouraged to take over the care himself, a bit at a time until he is competent and confident enough to go home. If possible I involve relatives in the care of the stoma while the patient is in hospital. They also have many fears and worries and need support, and if the patient is elderly or incapacitated in any way he may need the help of the relative in order to care for his stoma at home. It is very important to check that the appliance fits properly and does not leak, especially at first when the patient may easily become depressed and discouraged.

I try to see that patients with stomas continue to have help and support if they need it at home. Initially they are given a good supply of bags and a letter to the general practitioner stating clearly the make, type and size of the appliance being used. I see them when they come for their follow up outpatient appointments with the surgeon, and they are given a telephone number so that they can contact me if there are problems. If the patients live in the London area I am able to visit them at home. I try to do so once anyway and then continue to visit if necessary. When people live further afield I either refer them to the nearest stoma care nurse or to the local district nurse.

I feel that the complete care of these patients is very important and that they need the continuity of care which is provided by one person. At the moment about 170 Districts employ stoma care nurses. Three centres—St. Bartholomew's Hospital, Stockton-on-Tees, and Manchester—have three month J.B.C.N.S. recognised courses in stoma

care, and the Royal College of Nursing runs shortened courses. More nurses are now undertaking these courses as they realize that the work is important and rewarding, and gradually more Health Districts are recognising the need for stoma care Nurses and finding the money to employ them.

SARAH JAGGER,
Stoma Care Nurse.

Physiotherapy

You must forgive your physiotherapists if they cringe a little or, conversely, are more than usually assertive. We are going through, for the umpteenth time, a crisis of confidence. Not that we doubt ourselves, fortunately, but that we have misgivings about the value that others in the world place on our work. What makes it all seem so ridiculous is that, taken as a group, physiotherapists could hardly be less introspective—indeed, it could fairly be argued that an applicant's degree of extraversion is one of the primary selection criteria.

In other places, outsider opinion will be met with insider counter-opinion, blasts for puffs, bangs for Cleggian whimpers, and we will take courage from the closure of the ranks that tends to occur when some disinterested party ventures a judgment, howsoever it were invited. On this score, the common confusion between "disinterested" and "uninterested" would seem to have some justification, because the Report shows a remarkable dearth of evidence of either reading or misunderstanding of the evidence presented to it.

No, what hurts, as it always must, is the more local evidence of disregard or undervaluation. It is difficult, here, not to push too hard. . . . Most of you, in Guy's, evince an understanding of the contribution that we can make to the well-being and what might be termed the well-becoming of our patients. Note "our patients"—does that strike you as unacceptably aggressive? Most of you are pretty realistic—as, I hope, are most of us—about what and how much we have to offer to an individual patient. Nothing, a little, a lot, everything . . . no more and no less, and with as many variations, as any of you can offer. All right, we know that you know that, yet how is it that it remains possible for someone to write a damning comment on the therapy said to have been administered when two days beforehand an advisory commentary had been offered and received? How is it that, on another occasion, an experienced therapist is told what treatment to give, chapter and verse —not consultation but direction?

It is possible, in a hospital like ours, to shrug off the ill-informed criticisms of outsiders, especially in the knowledge that colleagues have suffered from the slings and arrows of the selfsame outrageous Clegg. Parenthetically, and savagely, one hopes that his blight will similarly be applied to the protagonists of those industrial disputes currently on the boil. What is not possible is to accept them in an atmosphere of implied disparagement from one's colleagues in what is sometimes genuinely, sometimes derisorily termed the rehabilitation team.

Earlier it was said that it is difficult not to push too hard, but it would be harder not to push at all. Not simply for professional prestige and self-importance (though Heaven knows, these are not without moment in the hospital force-field) but for the welfare of those patients whom we know that we can help. But you have to steel yourself to accept that we have the knowledge and the ability to determine what we can contribute, and to show the forebearance—which, hopefully, we will match with an equivalent humility—to attend to it. But with disinterest, please. . . .

R. J. COOPER.

Book Reviews

"A Synopsis of Endocrinology and Metabolism" 2nd edn. by Ian Ramsay. Pp. 205. Price £6.75. Published by Wright, Bristol.

Dr. Ramsay has virtually rewritten "A synopsis". Sir Richard Bayliss remarks in his Foreword that the text "by virtue of its single-handedness has balance and uniformity of style", and I agree with acclamation. The scope is, intentionally, that of the practising clinical endocrinologist, so there is natural exclusion of metabolic conditions such as gout, phenylketonuria and vitamin disorders. The book does include succinct and up to date summaries of the clinical anatomy, physiology, biochemistry and clinical features and management of disorders of the hypothalamus, pituitary gland, thyroid, adrenal cortex and medulla, metabolic bone disease, reproductive disorders, gut hormones, and disorders of carbohydrate and fat metabolism. The use where appropriate of sub-headings, lists and diagrams aids clarity. Only diabetes mellitus, being such a huge subject, seems to receive coverage which is superficial in patches though the chapter remains generally sound and accurate. There are no photographic illustrations.

Ideal for the M.R.C.P. candidate, this little mine of current information should also prove an interesting and valuable source of reference to registrars, physicians in other specialties, G.P.'s and the occasional senior student with a special interest in the subject. I would hope that the next edition might appear in a larger, more comfortable type face even if the book has to swell somewhat, which would not handicap what is hardly a pocket-book. I recommend it thoroughly.

Brendan H. Hicks
(Clinical Tutor)

"Drug-induced Emergencies" by P. F. D'Arcy and J. P. Griffin. Pp. 389. Price £11.00. Published by John Wright & Sons Ltd.

Both authors are recognised as experts in the field of drug toxicity. In the present volume they have written some of the material themselves but invited others to contribute the majority of the text.

The book makes interesting reading and many useful references are provided.

One of Professor D'Arcy's interests is in the field of drug interactions (he lectured in Guy's on this last year) and he, with Dr. Griffin have written a sensible and well-balanced account of the topic. Another contribution by D'Arcy and Griffin is a chapter on emergencies brought about by drug interactions. Quite rightly they lay much emphasis on interactions involving anticoagulants. However they are a little reticent as to whether adrenaline and other directly acting sympathomimetics produce hypertensive crises with monoamineoxidase inhibitors.

There is an excellent summary on drug overdose (by Dr. S. Locket of the North-East Metropolitan Regional Poisoning Centre) and very useful chapters by George Fenton and David King on drug-induced neurological and psychiatric syndromes.

A particularly pleasing feature of the book is that there is no folklore and the toxic reactions described are backed up by references to original articles.

The book will be of interest to pharmacists and doctors who have to manage acute problems relating to drug toxicity.

Roy G. Spector
(Professor of Pharmacology)

Correspondence

Nurse specialisation

Dear Sirs,

I read, with interest, Julia Fabricius' article on specialist nursing. Part of the problem lies in the fact that the pendulum has, and is swinging away from specialist courses. A few years ago, it was considered to be a good thing from a career angle to do an intensive care course and then to consolidate that experience a little, before becoming a ward sister. It is now viewed with great suspicion by most nurse administrators when a specialist nurse wishes to go back at ward sister level to medical or surgical nursing. This seems to be a very short-sighted policy on the part of nurse administrators, as they are losing very skilled and able managers at ward sister level: the usual argument against this disliked switch from speciality to general, is that the prospective candidate lacks experience in dealing with students, as most intensive care units employ only trained staff. What employers fail to realise is, that anyone who can run a busy intensive care unit, especially at night, with all the stress and emotional strain, can cope with the demands of working with, and teaching student nurses.

It then becomes a vicious circle, as sisters have neither done intensive care courses, as they feel that they cannot easily return to general nursing, nor have they had much experience in managing critically ill patients during their training and after qualifying. Surely what we need is much smaller intensive care units to cope with cardiac surgery patients and critically ill patients, so that wards get their fair quota of high dependency patients again. The ethical side of much in intensive care medicine has been fairly suspect and if there were fewer intensive care beds, patients would have to be much more carefully "vetted", before being accepted for treatment. In a Utopian world, no patient would be admitted for intensive treatment if there was any suspicion of a malignancy or if they were over a certain age; instead, they would be allowed to die peacefully and with dignity in a hospital ward, rather than on the end of a ventilator, being infused with a barrage of "life saving" drugs at vast expense to the taxpayers. Whilst hospitals, especially London teaching hospitals, continue to run large, expensive intensive care units, which have become status symbols in modern medicine, nurses will continue to have totally inadequate experience in caring for critically ill patients.

Whilst intensive care units undoubtedly have a very real place in much of modern medicine, especially in the field of cardiac surgery, much of intensive care work is concerned with keeping very abnormal physiology alive against all odds and at great expense. With the failing finances of the National Health Service, it seems very surprising that intensive care beds are not amongst the first cuts to be made.

Yours sincerely,
FRANCES N. E. JONES

Sister, Miriam Ward

Wake for the Preliminary Year

Dear Sirs,

As many of your readers will be aware the last ever group of students to take the Preliminary Year (1st M.B., 1st B.D.S.) is currently going through the Medical School.

The course has, over the years, been the starting point of the medical and dental careers of many Guy's alumni and I and my colleagues who are involved in teaching the course felt that it should not be allowed to fade away without some sort of commemorative ceremony.

Accordingly everybody who has taken the Preliminary Year course or its predecessors is cordially invited to attend a "Wake for the Preliminary Year" which will be held in the Ballroom, Boland House, on the evening of June 27th, 1980. Plans have not been finalised but there will be food, drink, entertainments and music to cater for the wide range of age groups which I hope will be represented.

As it would cost in the region of £100 to write personally to all the potential attenders, I am hoping that news of this event will be passed on via your columns. The cost of the evening will be £5.00 per head and any profits will be given to a charity nominated by the student body.

I should be grateful if those who would like to say a nostalgic farewell to the Preliminary Year would get in touch with me by June 17th at the latest, enclosing the appropriate remittance.

Yours sincerely,

A. R. TAMMAR

Biochemistry and Chemistry Dept.,
Guy's Hospital Medical School,
London, SE1 9RT

Dental Surgeons

Dear Sirs,

With ref. to the March issue.

Whilst appreciating that the term "Dentist" is habitually used both by the media and the general public, I should have expected the *Gazette* to report that the 90,000th member of the M.D.U. qualified as a Dental Surgeon.

Yours faithfully,

ELIZABETH A. KING-TURNER

2 Orchard Gate,
Esher, Surrey

With hanging head and quivering lip we acknowledge this correction and vow not to repeat such a crime. We hope it did not cause offence to our many subscribers who are Guy's qualified Dental Surgeons.—Ed.

Guy's Ashes

Dear Sir,

What a pity there was no mention in the March *Gazette*, of the historical formation of the "Ashes" (the burnt remains of some rugby shorts) which were proudly won by the "past" second team on 17th February. These are now safely stored in a cigar tin at H.O.P. and shall be contested at the next confrontation between past and present second teams. The losers were presented with the charred tray on which the shorts were spirited.

Yours faithfully,

DAVID TEWSON

2 Hengrave Road,
Honor Oak Park,
London, SE23

Sport

During the last two months I've had some trouble with the boys in charge sabotaging the sports pages. You might have noticed last month, for instance, my preview column was at the end. What can I say. (*Not a lot—Ed!*) Anyhow this month I was told the wrong *copydate* (*lies—Ed.*) and thus there is a slight shortage of copy, however despite Laurel and Hardy (the editors, who not only look like their namesakes, but . . .) I will extract my revenge by writing an even longer column than usual. (*Shock! Horror!—Ed.*)

News this month includes a magnificent achievement by the Rugby Club who recently won the National Medical Schools Sevens Cup in Southampton. In winning the cup they defeated the holders and favourites for this year, Cardiff. Well done lads, hopefully this performance can be built on in the "full size" game next season.

Recently many clubs have been on tours, both the Rugby and Soccer clubs going to Germany whilst the Girls' Hockey Club went to Holland. As soon as anyone has recovered sufficiently to hold a pen we might have some reports for next month.

Also hopefully next month we will have some end of season reports. The first report is printed this month from the Girls' Hockey Club who have had a very successful season, men take note!

This should be my last month as Sports Ed. (*Cheers—Eds.*) due to the pressure of a few tests coming up in the Summer. I hope that the readers of the Sports pages will not only have got a kick out of seeing their name in print, but also that those who are no longer with us in SE1 are able to appreciate the spirit that Guy's men (and ladies) play, and the enjoyment that results.

Guy's in fact run a large number of regularly competitive teams which is even more impressive when the relatively small size of Guy's (as a college) is taken into account. Four rugby XV's, three soccer XI's, three hockey XI's, three squash teams, a fencing team, a water polo team, the list is almost endless. The first teams have had a considerable degree of success this year, but the heart of Guy's sport lies in the large numbers of "lesser" teams—lesser in achievement, perhaps, but not in spirit or enjoyment.

Some may not be able to comprehend why a team should travel 15 miles to play in 4 inches of mud in a downpour and lose by a large score, bath in 2 feet of mud with 10 or 20 other people and worst of all seem to enjoy it. Why people do enjoy this and repeat this experience week after week is difficult to explain unless you've done it.

The people that often seem to be more a sporting masochist than most are the captains of the lower teams. This species is easily spotted in The Spit at 1.30 on a Wednesday or in The Bar on Friday evening wearing a haggard look on his (*?her—Ed.*) face, desperately trying to persuade anybody capable of standing up to play the next day. The haggard look often stays until the team assembles in the East Wing when the instant beam of joy when he realises the team is complete instantly fades with the realisation that the kit is still at H.O.P. and the match is near Heathrow Airport, and kick-off is in an hour's time.

These teams seldom win Cups or leagues or even, indeed, field the same team twice in successive matches, but do provide marvellous opportunities for anyone to take part in a sporting activity—usually with a bunch of lunatics. Of course occasionally these teams do throw up a "star find" for the first team and of course a strong base in any sport is more inducive to improving the standard of the first team. These teams of course provide a marvellous means of relaxation from the toils of medicine, dentistry and life in general—very important in our high risk professions.

Guy's is not only associated with a great working past but also with a great sporting past, mainly through our Rugby team. Although the rugby team isn't as dominant as it once was, sport in general at Guy's is very healthy with many teams being successful (at least at student level), but perhaps more important and more encouraging is the variety of sports played and the number of sporting participants. (Even those as incompetent as Laurel & Hardy!)

Our predecessors can take heart that the Guy's man is still alive and well and still capable of enjoying himself (and herself), both on and off the field even within the restrictions placed on him.

Thanks to everyone who has provided some excellent copy during my spell as sports editor.

G.D.C.

P.S. Apologies to "Alex" for revealing the identity of "Sorips".

RUGBY

Guy's 12 pts. v. Nuneaton 24 pts.

Nuneaton 8/2/80

A strong Nuneaton pack met spirited resistance in this contest in the Midlands. Guy's went ahead after Flanagan dived on a loose ball at a lineout on the Nuneaton line, and bolstered by a penalty and conversion by Francis looked to have a good chance of winning. The frustrated Nuneaton forwards responded with liberal use of the boot and one or two were lucky not to be sent off. Guy's faded at the end of the first half and lost the lead to a succession of penalties.

Guy's revived early in the second half with Brazier and Loxton working hard, and Poole kicking well for touch, but there was little room on a narrow pitch for ¾ moves, and short penalties provided the backs with their only chance to run. Nuneaton ploughed ahead with two converted tries but Guy's kept plugging away, Francis outstanding in defence, and could leave the field with the respect of the local crowd.

Team: Hackett, Francis, Jones, Reece, Jennings, Bundy, Poole, Parry, Rose, Neill, Keevil, Beard, Brazier, Loxton, Flanagan.

Guy's 4 pts. v. Westcombe Park 19 pts.

Orpington 15/3/80

Playing uphill against the famous slope in the first half, Guy's should still have been comfortably in front at half-time, but turned around with no score for either side on the board. Then for 10 minutes Guy's drove Park about the pitch and looked capable of winning by a cricket score but still were missing penalties and potential tries. Westcombe Park played well for 20 minutes and took their opportunities with 3 tries and a drop goal. The tries came from firstly a rather lucky interception on the Park 25, secondly when their second row knocked over the corner flag and was therefore in touch before grounding the ball and thirdly where a succession of tackles were missed on a centre making a crash ball. Guy's scored a late consolation try by Loxton in the dying seconds but were left to ponder over missed chances while their opponents continued a good season, lucky to win, and especially by a such a large margin.

Team: Reynolds, Girling, Jones, Reece, Jennings, Bundy, Poole, Parry, Rose, Niell, Popplewell, Keevil, Brazier, Loxton, Mihill.

The Hockey Semi-Final

HOCKEY U.H. CUP SEMI-FINAL

1st XI 2 v. St. Thomas's Hospital 1

Guy's started knowing that this cup was our only chance left of winning a cup this season; so we started by beseiging the Tommies goal and within 3 minutes a Plowman short corner special sped past the 'keeper and Guy's were one up. For once we didn't relax and constant pressure was applied to the opposition defence but the umpire was too fast on the whistle and we were denied 2 goals due to poor advantage. Unfortunately through all this pressure we only added one more before half time; a flick from Jones from a Karim cross. The first half belonged completely to Guy's with Wyeth, Hett, Upton and Gulamali all making vital contributions.

Of course we just had to relax and allowed Tommies back into the game with about 15 min. to go. Our defence was then under the first pressure of the game and Saward, Sanders and Cunnington held firm. The vociferous support we received greatly aided our task and we held on to win 2–1.

HOCKEY U.H. CUP FINAL (AT HOP)

Guy's 1st XI 0 v. K.C.H. 1

We were blessed with a beautiful day, playing at HOP and superb support but, even after the ladies had shown us how the week before, we failed to produce the goods.

After the preliminary warm ups (and psych-ups) the teams faced each other, and, it was obvious from the outset of battle that the boys from Camberwell were to be no push over. The game started at an alarming rate and with the noise from the mass of supporters often drowning the whistle. The first chance fell to Guy's with an Upton cross going across an empty goal line but no-one was there—if only!

Hard work and persistance from Jones and Wyeth gained Guy's 3 shots in the final half and after a fine Sanders hand stop Plowman succeeded in smashing his stick as the King's defence sped out. Of the other 2 one went wide and one was blocked. King's in the meantime showed us the undoubted skill of their midfield by a slow methodical build up which could only be counteracted by fanatical running by the midfield. When King's finally penetrated the renowned Saward/Cunnington full back combination there was John Pascoe giving still more good service to Guy's with some fine saves. One from a short corner was of "E" standard!

Half time was reached scoreless with Gulamali now recovering from his early knock, beginning to shine. After collapsing in the goal and a quick tactical talk we re-started and King's began to take command of the midfield. For 15 minutes we held out but the inevitable happened and a penalty was given away. Despite a despairing dive by John we were one down. The game re-started within minutes King's again had the ball in our net only to be disallowed for dangerous play (Quite right really as it nearly parted Simon's hair.) This respite woke the Blues up and with great example and encouragement from Hett we found our last reserves of energy. Suddenly King's were at full stretch and that rock like defence looked vulnerable. Karim, Sanders and Wyeth began to find space on the left and Saward began powering forward. Upton and Jones began to find crosses from the left but one or two were taken off, Plowman's stick. A fine cross from the left let in the speedy Upton and he struck a beautiful shot into the Keeper's midrif and they scrambled it away at the expense of a shout. (Why didn't he top it—it would have gone in!!) In the last few minutes King's were really at full stretch and if we had just those 5 more minutes we must have scored—But it was not to be and a relieved King's side had narrowly won.

The match well controlled by two international umpires and was a credit to Hospital and University hockey. So to the bar where King's instantly realised there was only one team in it and the boat races were won with practised care.

After such a day the Hockey Club first must thank the squad—particulary Alan Lobo and Seb Johnston who had played in previous rounds but were "on the bench" for the final. Also to Eric and Joyce for firstly making HOP available and secondly for providing such excellent facilities in pitch and catering. Finally and by no mean least to the Vice-Presidents and all our marvellous supporters for turning up—we are only sorry we didn't win. Still there's always next year!!

Team: J. Pascoe, G. Saward, S. Cunnington, D. Hett (Capt.), S. Gulamali, P. Sanders, P. Upton, D. Jones, R. Plowman, S. Wyeth, N. Karim. Subs. A. Lobo, S. Johnston.

D Jones.

2nd XI HOCKEY

Guy's 1 v. Brunel 1
Away 12th January

The team started out from the East Wing for the mammoth trek to Uxbridge. Several hours later we arrived to find an opposition with ten men. Our luminous yellow shirts shone brightly out across the tundra wastes of Middlesex. Dave Heal guested for Brunel and they took an early lead; but James Fellows-Smith soon equalised with a superb personal effort and decided that he was good enough to play the rest of the match with one boot.

Kwajar and Craigen looked solid at the back, but weren't. Jones promoted from the 1st XI, played well at inside but sustained a severe wound from some sharpened metal footwear belonging to one of the opposition who also employed such clandestine tactics as exploding hockey sticks. Darby, at left wing, had many hard shots—all at least ten yards wide.

And so, after a disappointing draw it was back to the sub-zero changing rooms where there was no water in the shower, no water in the taps, no water in the teapot and only a b- - - - -n lizard in the bidet!

v. R.A.F. Under 21's—19th January
Lost 5–1

An unequal dogfight against a very fit and well disciplined squadron—Guy's taking a lot of "flak". R.A.F. had a good pair of wings and made five successful sorties into our territory. One was a P-flick which keeper Oastler got a hand to but couldn't stop it hitting the back of the net.

Fellows-Smith, playing well, had a direct hit in the first half—another notch to add to his stick. Lawson was hit and had to ditch for the last 20 minutes. Guy's took a long time to take-off and ran low on fuel in the second half allowing the R.A.F., attacking out of the sun, to thoroughly outgun us. They then beat us at darts and turned for home leaving us with the words: "Never, on the fields of H.O.P., have so many been scored against so few."

v. Tulse Hill V's—26th January
Lost 2–0

One of the best matches all season, Guy's all ran very hard and showed Tulse Hill that they were an improved side from the previous years. Johnston had several good scoring chances and was unlucky not to get a goal. Dixon and Singh played well with Norris the key in the midfield. Heal was also very useful up front. Unfortunately in the last 3 minutes Tulse Hill put two goals past an otherwise immaculate keeper (Oastler)—a result possibly of tiredness as several players had been involved in a morning match and the post-match celebrations. Thanks to umpires Singh and Darby and also to Southgate and Hurrel for their debut performances.

v. Civil Service—23rd February
H.O.P. Won 3–2

A welcome victory for a mixed 2nd/3rd XI after a run of defeats and cancelled matches. Having threatened to sellotape *both* of Hamish Gillespie's hands to his stick, he and Kwajar kept a tight defence; allowing the forwards to push up. At half-time we were 2–1 down after a debut goal from Norris from a long corner. He and Weighell were outstanding in midfield. The score might have been equal if Singh hadn't put his second P-flick of the season wide of the post.

In the second half Guy's dominated and scored two goals through Julian Hart on the right. The umpiring in this half allowed the game to get scrappy and aggressive. Lawson played a "tough" game at right half and Batterbury linked well up front. Thanks also to Simon Cunnington for first half umpiring duties.

Team:

Oastler, Kwajar, Gillespie, Lawson, Weighell, Norris, Hart, Heal, Bush, Singh, Batterbury.

v. Gravesend VI's
H.O.P. Won 6–0

An easy victory over a very junior side was not what we hoped for as preparation for the cup matches. Goals came from Singh (2), Lawson, Adams, Johnston and Fellows-Smith.

LADIES HOCKEY CLUB SEASON REPORT

The Ladies Hockey Club has seen an enjoyable and successful season during which our three main aims have been achieved; to run both 1st and 2nd XI's regularly; to win the U.L.A.U. Cup, and to go on our first tour.

The season began rather slowly due to injuries, electives and postponements. Seven of the 1st XI's fifteen matches scheduled for the first term were postponed and with the loss of several players we struggled through this term with a side that changed so regularly that no real team was ever established. Our results at the close of that term reflected that, despite the arrival of some new talent in the form of Ann Lewis on the right wing, and Janet Singleton in midfield and the gifted new intake of Physios.

The 2nd XI also had rather a disappointing start to the season. Helen Reece worked exceptionally hard as secretary to get fixtures for the side and indeed as captain to get a team out at all. Of the eight friendly matches arranged only three were played due to cancellation by the opposition; they beat Chelsea II's twice 6–4 and 5–2, and lost to L.H. 1st's 2–7. Several freshers played regularly and well for the side, among them Siân Davies, Louise Doyle and Victoria Reece.

Left: Elaine Dare scores the first goal in the Cup Final. (Note the horror of the opposition!)

With November exams over and the return fresh after Christmas, the club had a very different second term. Suddenly Helen was inundated with players and had difficulty ensuring that everyone got a game. Only three of the eleven remaining 2nd's matches were cancelled and the 2nds played some enjoyable hockey at very good standard.

The 1st's also faced a rather hectic second term with three cup matches and two league matches to be played between the 3rd and 23rd of February. However with the return of Cathy, W. J. Debbie, Julie and occasionally Elaine, continued support from Shepherd's House, and discovery of two talented keepers, Jane Whitmore and Edwina Dighé, we won all these matches, and on Saturday 23rd beat Kings 7–1 in the cup, to give us equal points to Royal Holloway with whom we drew 3–3 at the start of the season. Much nail biting and phone calling later we discovered that we were through to the semi-final against Georges on goal average. The next morning we played and won 8–0 to put us through to our second consecutive final. Two league matches and two sprained ankles later we beat Q.M.C. in the final 6–1, to give us an unbeaten run of ten consecutive matches.

Unfortunately our last match of the season was played on the day of the England–Scotland rugby international and a depleted side lost 4–1, but we won't talk about that.

The results at the end of the season are as follows:

				Walk over Goals			
P	W	L	D	F	A	F	A
1st XI							
20	14	4	1	1	–	81	26
2nd XI							
12	2	6	2	2	–	21	42

Both 1st and 2nd teams have been entered in the league and cup next year so we look forward to continued support and enthusiasm from all players.

The clubs achieved its final aim—to go on tour—on 3rd April when 14 of us and Ken Wade our Vice President set off for Enschede in Holland for five days. The tour was a great success and will be fully reported with photographs in the next *Gazette*.

Before closing this report there are many thanks to be made; especially to Helen as secretary, for all her hard work with fixture cards, club sweaters and shirts above her normal duties, to Siân Thomas as a tolerant and easy going vice captain, to Clare Wheeler for the loan of her physio players, to the numerous men who umpired especially to Simon Cunnington for the cup matches; to Joyce and Eric Dann and staff for the excellent condition of the pitches against all odds, and for the teas, to Mr. Fendick for his help with accounts, and to all players and supporters who made this season such a success. We look forward to the next one.

S. M. C.

Sunday, February 3rd—H.O.P.

"Cup Match": Guy's v. King's College

Guy's won 4–1

On this day one would have believed that H.O.P. was more designed for Deep Sea Fishing than for Ladies Hockey, although sometimes I wonder what the difference is.

The day began with captain Sal (been up since 8.00 a.m.) Clark acting her way melodramatically via the East Wing to H.O.P. (Goalkeeper washing hair and unable to play)!!!

The game finally began at 11.00 a.m. with temporary goalie Jane Whitmore, umpired by two men's hockey players. Guy's forwards, Clare, Kristin, Judith, Elaine and Ann carved huge holes in the King's defence and finally after much maintained pressure Clare Wheeler had enough presence of mind to shoot the ball past the rather oversized King's goalie.

The match continued in the same vein, King's becoming more desperate and the umpires wetter and wetter. However fortunately, Clare again connected and 2–0 lead for Guy's. King's (who?) finally woke up and largely due to the mud slipped the ball under Jane's knees. This was only a slight dent in the defensive armour of Guy's with both Siân and Andrea playing outstandingly well (with streamlined haircuts) not to mention the talented linking and knobbling of the halfs, Janet, Fenella and Sal.

The half-time break resulted in much fag smoking and desperate coaching for the keeper. Sal then bravely volunteered to step in from right half.

The second half turned into an even more one sided event with the King's oversized goalie and the mud preventing a score of goals, until finally Clare helped in one of Elaines powerful shots.

The play was mainly in the King's half for the last of the game. Fenella Davies was my woman of the match with her skillful decisive play. In fact I believe the men's Hockey Club have made an offer!!! *(???—Ed.)*

Judith converted the final goal in open play and at 12 o'clock the umpires blew the final whistle, much to the relief of the opposition. The morning ended with baths in the men's changing rooms (no men!) and more important the usual fateful twist as the Guy's side learnt that they had in fact played only a league game against King's College Hospital and not a cup match against King's College.

Yes they beat the wrong side! Oh dear! Never mind Hellie.

Still the DRINK was nice afterwards.

Team: Jane Whitmore, Andrea Wansbury, Siân Thomas, Sal Clark, Fenella Davies, Janet Singleton, Ann Lewis, Elaine Dare, Judith Bury, Kristin Pagano, Clare Wheeler.

Simon Cunnington

FENCING

v. The South London Fencing Club (Home)

Won: 21–15

The Guy's Hospital Fencing Club finally managed to meet the South London Fencing Club for a match that had originally been arranged many months previously.

It was fought at Guy's, at the end of December and consisted of a Men's Foil team, a Men's Sabre team, a mixed Foil team and a mixed Epée team.

Winning the Men's Foil 6–3 we were off to a good start. Unfortunately, however, we lost the mixed Foil and the Epée 4–5. Both results would have been worse but for some well deserved victories by John Walton and Patrick Keating in the Foil and Epée respectively.

This left us with the Men's Sabre which, with some fine blade work by John Lovett, we won 6–3. Overall therefore, Guy's won by 20 victories to 16.

Many thanks to all those that supported and congratulations to the team.

Guy's Team: Richard Browne (captain), Patrick Keating, John Walton, John Lovett, Michelle Judd, Peter Au Young and Julia Kendall.

v. The London Hospital Fencing Club

Won: 25–7

This match was held at The London on the 31st of January, and consisted of 2 foil teams, each with four people from Guy's and four from the London.

The result of the 1st Foil was Guy's 15 The London 1. with Richard Browne, Patrick Keating and Richard Leuheta winning all their 4 fights; and David Clemenbson winning 3.

The result of the 2nd Foil was Guy's 10 The London 6 with John Walton winning all 4 fights; and Peter Auyoung, Pauline Leech and Sally Smith each winning 2.

The overall result therefore was a victory to Guy's Hospital 25—7, congratulations to all the team.

v. King's College, Canterbury (Away)

Lost: 20–25

This match was always expected to be tough, and indeed is was.

Our 1st foil just lost 4—5, with Richard Browne winning all 3 fights; Patrick Keating winning 2; but unfortunately Richard Leuheta was unable to win any of his hard fought bouts.

The 2nd foil fared better, winning 5–4. David Clemetson won all his fights and John Watson won 2..

The 3rd foil lost 3—6 with an excellent fight by John Lovett who won all his 3 bouts. Our girls, Julia Hume Kendall and Michelle Judd did not fare so well but nevertheless fought gallantly against an all male team.

The Sabre brought the scores close once again, with a victory for Guy's 6—3 with Richard Browne winning 3 fights and John Walton and John Lovett both winning 2 fights. All, therefore depended on the epée result. Unfortunately however, King's had 2 very strong Epée fencers who won all their fights.

Richard Leuheta and Patrick Keating were only able to win one fight thus losing the Epée 2—7. John Walton also fenced keenly.

Therefore, at the end of a most enjoyable day in Canterbury we lost the match 20—25. The superb pub lunch made it all worth while!

v. The Royal Free Hospital (Home)

Won: 13–4

The match consisted of 1 Foil, Epée and Sabre team. Much to our disgust, the opposition did not bring a ladies foil team as arranged.

Guy's won the foil 7–2, with Richard Brown and Patrick Keating winning 3; and David Clemetson winning 2.

We were also victorious in the Epée winning all 4 fights. There were some excellent displays of epee fencing from Richard Leuheta and Patrick Keating.

The Sabre was drawn 2–2 allowing Guy's to win overall 13–4. This was followed by a memorable drink down in the bar!

Congratulations to all the team, which were: Richard Brown, Richard Leuheta, Patrick Keating, David Clemetson, John Walton, John Lovett, Peter Au Young, Michelle Judd, Julie Hine-Kendall, Sally Smith, Pauline Leech.

R. Browne

SQUASH

U.L. League V

Guy's IIIrd team is alive and kicking, despite its present position in the lower half of London Universities league division five. Enthusiasm makes up for at least some of what we lack in skill, although all the team, new man Bob Taylor, ageing ex supremo Richard Trounce, Andy (I always win from 2 down) Luff and yet to win a match this term James Gildersleve, have all produced some devastating results. This term, with one or two new recruits, we hope to do even better—you never know promotion for Guy's IIIrds may yet be on the cards!

James Gildersleve

Hospital Information

PASS LISTS

University of London

FACULTY OF SCIENCE

B.Sc.

1st class honours

N. A. Fletcher
P. D. Kapff
G. A. Russell
T. J. Thurston
T. D. Houlding
S. Rawstorne
D. S. Smalley

2nd class honours—upper division

D. J. Bailey
P. A. J. Collings
D. E. Fish
N. I. Konzon
G. Lewis
M. Powlson
P. W. Soothill
J. R. Balazs
S. V. Davies
Ms. M. E. Illingworth
R. R. Lalsarin
Ms. C. V. Orr
J. G. Powney

UNIVERSITY OF LONDON

Sick Children's Register

Campbell, L.
Cockcroft, J. E.
Gammon, C. M.
Gill, M. C.
Hyman, A.
Ibison, L.
Pakenham-Walsh, F. J.
Parsons, C. L.
Sanders, L. D.

Mental Register

Barker, R. G. D.
Forde, E. M.
Kam, B. S.
Mitchell, A. J.
Puang, C. M.
Snagg, G. D.
Stacey, J. R.
Storey, M. G.
Dyer, E. R.

STUDENTS ACCEPTED FOR PRACTICAL TRAINING

1980–1981

University of London Postgraduate Diploma in Dietetics

Miss M. Marshall, B.Sc., London
Miss N. Percival, B.Sc., London
Miss H. Rivers, B.Sc., London

18 Month Diploma in Dietetics

Miss J. Budd, B.Sc., Kent
Miss D. Holland, B.Sc., London
Miss R. So Mui Lo, S.R.N.

***University of Surrey* B.Sc. (Hons. in Nutrition)**

Miss A. Bray
Mrs. J. Hancock
Mrs. G. Deeble-Roberts

Robert Gordon's Institute of Technology Aberdeen B.Sc. (Hons. in Nutrition)

Miss H. Hughes

3 and 4 Year Diplomas in Dietetics

Miss G. Szumilo, South Glamorgan
Miss J. Wood, South Glamorgan

CHANGE OF ADDRESS

ALLISON, D. J. 57 Edyvean Close, Rugby, Warwickshire, CV22 6LD.

BIRTHS

WHITE. To Joanna (Nee Bromley) and John in Toronto, Canada, on March 13th, a son. A brother to Morwenna.

PERSONAL

Consulting rooms top end of Harley Street. Ground Floor. Facilities for four sharing *well furnished suite. Private arrangement.* Two immediate vacancies. Consultant physicians, surgeons or West End G.P. Not suitable for dentists. Box No. 1/4.

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KATHY & CHAS—congratulations and best wishes for the future.

The Editors regret that, recently, due to problems with the internal post, there have been difficulties in compiling "Hospital Information".

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 2 months are 19th May and 16th June, 1980.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of three pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing.

(a)	**The Medical School 1947**	**Size 15 in. x 12 in.**	**£5.00**
(b)	**The Park 1946**	**Size 15 in. x 12 in.**	**£5.00**
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SPORTS CORRESPONDENT — GARY CALVER
NURSING CORRESPONDENT — JULIA FABRICIUS
PHYSIOTHERAPY CORRESPONDENT — RONALD COOPER
MANAGER — PAT POULTER

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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GUY'S HOSPITAL,
LONDON, S.E.1.

Contents

	Page
PASSIM	185
NEWS IN BRIEF	187
OBITUARY	194
CLUBS' UNION NEWS	195
IN BYGONE DAYS	196
TAKING AN OCCUPATIONAL HISTORY: WHY AND HOW? by Gene Feder	198
THE FRIENDS OF GUY'S HOSPITAL A.G.M. by Our Special Correspondent	206
THE POTTING SHED Reviewed by Mark Powlson	207
THE CHILDREN'S PLAYGROUP by Angela Barnicoat and Chris Newson	208
NURSING	210
PHYSIOTHERAPY	211
BOOK REVIEWS	214
CORRESPONDENCE	215
SPORT	217
HOSPITAL INFORMATION	226

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Published Monthly at Guy's Hospital, London

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Signature(s)

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BARCLAYS

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Passim

Any Editor of the *Gazette* feels great reluctance to criticise the facilities provided in the East Wing (Boland House). The reasons are threefold: one is aware of the severe difficulties involved in running any organisation against the general apathy of the student body, and the inertia of the Medical School. One is acquainted with (and, in many cases a friend of—at least before one makes such criticisms) the people who have had the courage to stand for, and be elected to, posts on Clubs' Union Council. Thirdly, one has but to glance over Passims of the last few years to realise that such criticisms have been made with unfortunate regularity. Nevertheless, when the problems and inadequacies have mounted to so considerable an extent as exist at present, it would be dilatory to remain silent: one has, perhaps, been silent for too long already.

The Spit

By far the most common offender in past Passims has been the Spit. This reached a climax early last year when the Egon Ronay guide castigated the Hospital catering—only for the Hospital to show that the main source of complaint was against the Spit, which is managed by the Medical School catering department. The Hospital catering, indeed, were so upset at these accusations that they took the opportunity to offer to take over the running of the Spit, and thus to organise all catering within the Hospital under one management. Negotiations to this effect were started, but a total stalemate seems to have ensued, although both the Medical School and the Clubs' Union have shown an all-too-characteristic silence as to the reasons for this deadlock. It must be admitted that the Spit has improved noticeably from that nadir, and the servings are more generous, whilst, during the same period, Hospital catering has declined. Nevertheless, most people would consider the Hospital catering to be better, without starting to consider the substantial benefits which might be accrued from such a rationalisation (including, conceivably, the extension of the Staff Bar into the Sandwich Bar, and the Students' Bar into areas at present occupied by East Wing kitchens).

The Bar

The Bar comes a close second to the Spit in Passim mentions—not surprisingly, since these are the two facilities in the East Wing most used by students. Over many years successive Editors of the *Gazette* have made an intensive study of this particular facility, and the present incumbents find it run as well now as at any time within our recollection. Thus far, Tim Bryant has proved a fair successor to Bob Long, and Mr. Day continues to be an efficient Steward. Apart from the inevitable periodical shortages of glasses (do people eat them?), the lack of real ale, and the deterioration of the sound system (is a jukebox a possible addition to supplement this?), there are no major grievances—except that it has now become far too shabby, despite the Herculean cleaning feats by Pat (to whom we wish a rapid recovery from the ankle operation

which has kept him away for over a month). The whole of the student facilities in the East Wing are badly in need of redecoration—and it is to be hoped that any new décor will be more imaginative and colourful than the present. It is rumoured that such a redecoration is planned in the Summer.

Inflams

One retrograde step, however, has been made concerning Inflams in the Bar. They are now held on alternative Tuesdays and Thursdays at fortnightly intervals—instead of every other Wednesday. "Doors" are being held to exclude intruders—who were the reason for the shift—but it would seem probable that if doors were held on every Wednesday Inflam (which was not the case), intruders would have been excluded anyway. The new variation makes planning more difficult for Guy's people—and, presumably, the intruders who used to come down on the Wednesdays are not stopped from continuing to do so on those Wednesdays. Meanwhile legitimate Guy's people find it hard to predict when they are being held.

Hops

One would like to say more about Hops, but the subject matter would be minimal. The Friday or Saturday night Hop would seem to have become extinct. Whether this is due to a lack of organisation within constituent clubs, or within Clubs' Union Council is uncertain—or even, indeed, whether they have been deliberately suppressed by the Medical School. If publicised adequately they provided enjoyment for many, and a useful source of income for constituent clubs, and it is a great shame that so few have been held recently. An improvement in entertainment is unlikely during the summer term, which will mean that there has been an exceptionally barren start to the year (with the exception of Charities' Week).

Portering

Yet another problem has arisen because of irregular portering at the East Wing desk. Apart from the excellent Mr. Brown on weekdays, this is far from regular—and would seem to have ceased altogether during weekends. This may be largely due to difficulties on the Hospital side (put down to "cutbacks"), but something should be done—especially since the new grilles installed prevent use of the pigeonholes for the whole weekend, and also prevent entry to any facility in the basement until the bar opens in the evenings.

Toilets

Although it may seem *laesa majestas* to discuss toilets in Passim, one must acknowledge the fact that *"when you gotta go, you gotta go."* The facilities available to the "Gents" of the East Wing have been appalling over the last two months, with total closures—albeit at different times—of facilities on both floors. At one time only one trap in the whole building was usable. There has been some damage upstairs, and general drainage problems, but the lengths of time involved have seemed excessive—and the drains still seem to leave a lot to be desired. (Where, incidentally, are those contraceptive machines?)

Summary

We feel, therefore, that urgent action must be taken to improve the facilities in the East Wing. It is possible that the Clubs' Union is trying to effect some of these improvements—but, if so, it seems reluctant to disclose this information either in the *Gazette*, or in Tablet, the fortnightly student rag. It would be sad indeed if the new constitution has resulted in a Clubs' Union Council that is more remote from average student opinion than its predecessors—although it is too early to form any definite conclusion: one can, however, begin to see that feedback from the new type of Council will remain inadequate unless its members make a special effort to report back—especially without two of the three termly generals meetings. *(Note: We mentioned some of these criticisms to the President who answers some in Clubs' Union News.)*

News in Brief

The League of Friends

We would like to thank the League of Friends for meeting the entire cost of the last issue of the *Gazette*. This was not acknowledged last month due to a slight misunderstanding, which was corrected at their Annual General Meeting (report p. 208). May we remind you that the Summer Fête is being held in the Park on Wednesday, June 11th.

Professor Macdonald

Our congratulations to Professor Ian Macdonald on his election as President of the Nutrition Society of the U.K., a position he will hold for the next three years.

Signs of the Times?

Dr. R. P. H. Thompson has joined the Council of Governors as one of the two members appointed by the Area Health Authority. Professor T. J. H. Clark (Sub-Dean) has been appointed by the Authority as one of their representatives on the governing body of St. Thomas' Medical School. Dr. Thompson has also worked in the Liver Unit at King's College Hospital.

Dr. R. J. W. Rees

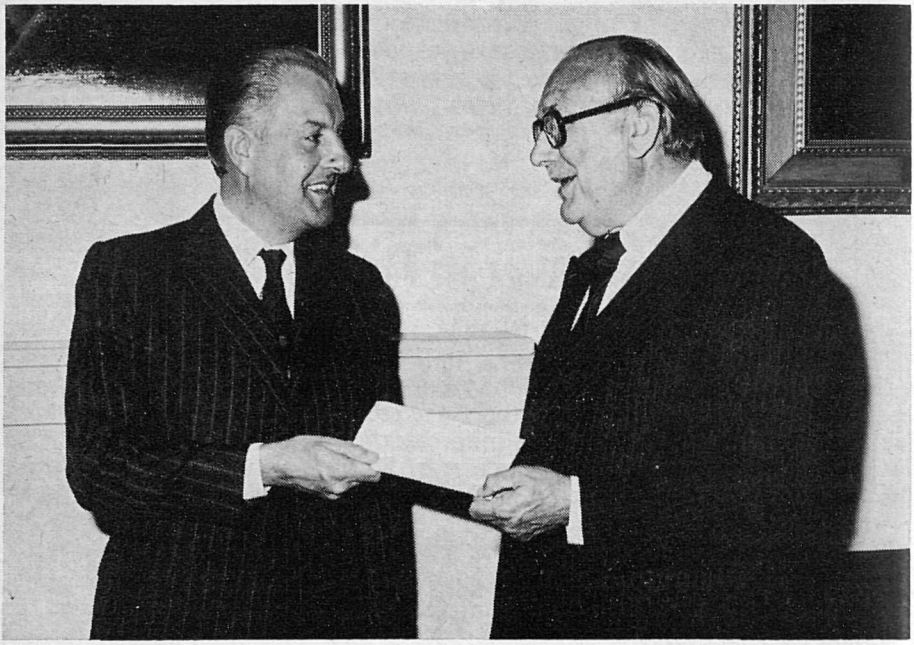
Our congratulations to Dr. R. J. W. Rees, C.M.G., F.R.C.Path., Head, Laboratory for Leprosy & Mycobacterial Research, National Institute for Medical Research, Mill Hill, London (Guy's 1941) who has been awarded the 1980 Manson Medal of the Royal Society for Tropical Medicine & Hygiene.

British Kidney Patients Association

The BKPA has installed a £48,000 dialysis unit at Bracklesham Bay, West Suffolk. Amongst the first to take advantage of this new seaside facility were some patients from the Renal Unit at Guy's.

Chair of Rheumatology

The photograph shows Dr. Colin Barnes (left), the Chairman of the Executive and Finance Committee of the Arthritis and Rheumatism Council, handing to Lord Robens, the Chairman of the School Governors, the Council's formal letter making the grant of £500,000 to the School to endow in perpetuity a University Chair of Rheumatology tenable at the School.



The new Chair will be named the Arthritis and Rheumatism Chair of Rheumatology and will be the second Chair of Rheumatology at a London Undergraduate Medical School.

This pleasant ceremony took place on 21st May. It is hoped that the appointment of the first holder of the Chair will be made in June.

Mr. Mark Stringer

Congratulations to Mr. Mark Stringer who has been awarded the Treasurer's Medal and Baldwin Prize for Medicine *and* the Treasurer's Medal and Tewfik Prize for Surgery. Previous winners of both these awards include Sir Arthur Hurst, W. N. Mann and Lord Brock.

Guy's Hospital Nurses' League

The A.G.M. which was to be held on 14th May, 1980 has been postponed until Wednesday, 22nd October, 1980. This decision has been taken because of the T.U.C.'s threatened "Day of Action".

The time table and arrangements will be the same as appears on page 77 of the 1980 journal.

Visit of the American Ambassador

The Quodlibet Society was privileged to hear Mr. Kingman Brewster on March 13th. Mr. Brewster spoke on the lessons learnt from student demonstrations during the Vietnam War, a subject on which he is well qualified to lecture (prior to his diplomatic appointment Mr. Brewster was President of Yale University).

A lively and stimulating discussion followed with subjects ranging from Iran to The British Economy.

Lt.-Col. R. C. Francis

Our congratulations to Lt.-Col. R. C. Francis who was recently elected to the Fellowship of the Royal College of Obstetricians and Gynaecologists.

The Mental Health Appeal

This appeal, launched in May 1978, has now raised one million pounds. It was made on behalf of the Mental Health Foundation, and MIND, and further information can be supplied by the Appeal Office, 5th floor, Cheapside, London, EC2V 6EU.

Guy's Hospital Bournemouth and Wessex Society

In 1956 the Society held its inaugural meeting, which was attended by twenty-three members with Mr. Vogt in the chair. A dinner has been held every subsequent year, as well as a number of summer meetings.

This year the Silver Jubilee Dinner will be held at the Durlston Hotel, Bournemouth, on Friday, 31st October. Miss Helen Hackell will be in the chair, and this year's guest of honour will be Mr. Bret Day.

Guy's Hospital Rugby Football Club

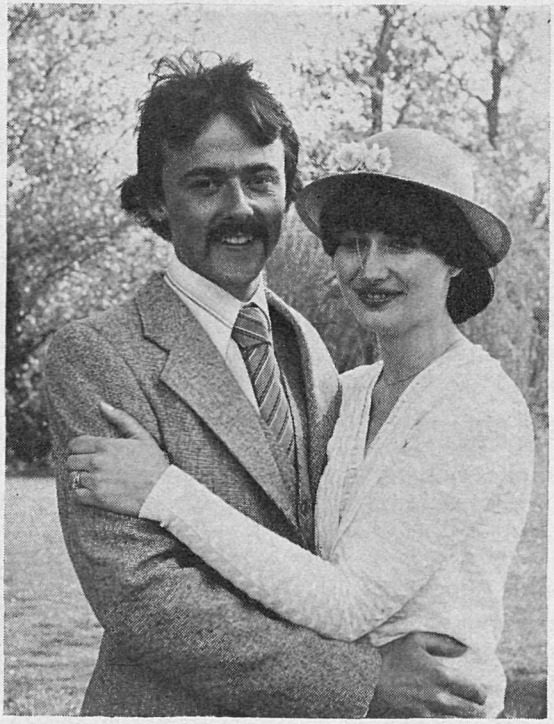
The Annual General Meeting was held on Tuesday, May 20th. Mr. T. L. T. Lewis was re-elected as President, and Mr. Michael Reece was appointed Captain of the 1st XV on the retirement of Mr. Brian Keevil.

Guy's Hospital Association Football Club

The Annual General Meeting was held on Thursday, May 22nd. Professor R. J. Robinson was re-elected as President, and Mr Keith Underwood was appointed Captain of the 1st XI on the retirement of Mr. David Smalley.

Mr. and Mrs. C. Newstead

Our best wishes to Chas and Cathy Newstead who were married on 19th April at Lambeth Registry Office. Cathy is a Staff nurse on Queen Ward; Chas, as a past President of the Union, needs no introduction!



Guy's Hospital Theatre Club

Two performances of "Oh! What a Lovely War" will be presented in the Greenwood Theatre on June 19th and 20th. Tickets are still available at 50p each. 7.30 p.m.

Issues in Health Group

Occupational Illness: Are Most Doctors Ignorant?

at 5.45 on Thursday, 12th June

in Boland House Reading Room

with Prof. P. Lawther, MRC Environmental Toxicology Unit,

St. Bartholomew's Hospital Medical College

Dr. M. Harries, Lecturer in Medicine, Guy's

Alan Dalton, BSSRS Work Hazards Group

Music Club

Mr. Iain Burnside is giving a recital in the Chapel at 7 p.m. on Monday, 23rd June. Admission is free, and the programme includes music by Bach, Beethoven, Liszt, Chopin and Prokofiev.

Department of Medicine Research Meeting

This was held in the Tower Lecture Theatre on May 2nd where the following communications were presented:

1. Opening of a bile acid black box *by Julia Ellis (Gastroenterology).*
2. 50 cases of acute stroke: Clinical aspects *by Chris Allen* (Neurology).
3. Effect of renal failure on cyclophosphamide kinetics *by F. Juma, H. J. Rogers and J. R. Trounce (Clinical Pharmacology).*
4. Is dietary purine implicated in the formation of oxalate stones? *by Anna Simmons, K. J. van Acker, C. F. Potter, G. P. Kasidas and G. A. Rose (Purine Lab).*
5. Localisation of dermatophyte antigens by an immunoelectron microscopic technique *by C. A. Holden, R. J. Hay, and D. M. Macdonald (Dermatology).*
6. Right ventricular outflow tachycardia: a distinct clinical entity *by D. B. O'Keefe, D. Pitcher, P. Holt, P. V. L. Curry and E. Sowton (Cardiology).*
7. The chlorpropamide alcohol flush *by D. B. Jefferys, C. R. Strakosch and H. Keen (Metabolic Medicine).*
8. The effect of chlorpropamide and alcohol on the peak expiratory flow rates in normal subjects, atopic subjects, and patients with asthma *by J. Ayres and T. J. H. Clark (Respiratory Medicine).*
9. "Normal" arterial pCO_2 in chronic hypoxia *by G. M. Cochrane, J. G. Prior and C. B. Wolff (Respiratory Medicine and the Department of Physiology).*
10. Differences in metabolic rate following ingestion of sucrose and glucose in man *by N. Sharief (Department of Physiology).*

Note to Subscribers

Our printing costs have once more risen dramatically, but because of your continued support we do not wish to raise the subscription rate this year. We would ask you all to help us put off any increase for as long as possible, by urging all Guy's men and women who are not subscribers to support their Hospital Gazette.

Could you also inform us of changes of address as soon as possible, so that our records remain up-to-date.

Gazette Office

We apologise for any inconvenience caused by the closure of the *Gazette* office last week (June 2nd–5th). We were unable to pre-publicise this because of a change in the publication date of this issue, necessitated by the Spring Bank Holiday. The office will be open at the usual times (Monday, Tuesday, Thursday: 9.00 a.m.–3.00 p.m.) until further notice.

Index to Volume 92 (1978)

The Index to Volume 92 has now been printed. Copies are now available from the *Gazette* Office, priced at £1.00 each.

The Universal Penman

Doctors are notorious for their bad writing, and many might benefit from a visit to the Victoria and Albert Museum between July and September, where an exhibition of Western calligraphy is being held. Admission free.

This Month's Cover

This Month's Cover is taken from the "Festival Number" of June 10th 1896. This issue commemmorated the re-endowment of the Hospital. The design was described as being:—"Science standing on the steps of the temple of knowledge (which is decorated for festival) shields with her hand the flame of human life. Under her feet is disease typified by a serpent. Below, is Charity succouring the sick, the arrows being symbolical of pestilence. The arms of the Hospital are suspended on the Column in the foreground, and its motto is inscribed beneath. A mosaic of St. Rock (the patron Saint of the sick in hospitals) pointing to the wound in his thigh, is introduced upon the dado of the column. A rainbow, sign of hope after adversity, of sunshine after storm, gives augury of many days to come of prosperity and peace for the Hospital".

The 200 Club Draw

The draw was completed on May 1st at the Rugby Club Ball, and the full accounts and winners will be published in the next issue of the *Gazette*.

Dates from the Medical Diary

June

Mon. 2 M.B., B.S. (Revised Regulations) Examinations begin. M.B., B.Chir. (Cambridge) examinations may begin this week.

Mon. 16 Preliminary Examination for Studies in Medical Subjects begin.

Mon. 23 Final Conjoint Examination begins.
Basic Medical Sciences Examination (3rd Term begins this week).

Fri. 27 Entry forms for Final M.B., B.S. (Old Regulations). Examinations in October must be left in the Medical School Office by this date.
Essays for the T. J. Evans Prize must be handed into the Medical School Office by this date.

Mon. 30 Basic Medical Sciences Examinations (6th term) begins.

July

Fri. 4 Entry forms for the Preliminary Examination for Studies in Medical Subjects (resit) must be left in the Medical School Office not later than this date.
SUMMER TERM ENDS.

Dates from the Dental Diary

June

Fri. 6 Written paper for the David Frank Sturdee Prize in Prosthetic Dentistry and the Properties of Dental Materials.

Mon. 9 N.B. Second B.D.S. examination may begin this week.

Mon. 16 Third B.D.S. Examination, Parts I, II, III, IV and V begins.

Mon. 16 N.B. Preliminary Examination for Studies in Medical Subjects may begin this week.

Mon. 30 Newland-Pedley Medal and Prize for Operative Dentistry—thesis must be handed into the Medical School Office not later than this date.

July

Fri. 4 Entry forms for the Preliminary Examination for Studies in Medical Subjects (re-sit examination) (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Fri. 7 *SUMMER TERM ENDS.*

Mon. 7 Applications for the Final L.D.S. Examination, Part II (Dental Prosthetics) (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Mon. 14 Applications for the Final L.D.S. Examination, Parts I and III (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Obituary

D. V. Duckworth, M.B., B.S., L.M.S.S.A., D.R.C.O.G., F.R.C.G.P.

Dr. Dennis Duckworth, formerly in General Practice in Watford, Hertfordshire, died on Wednesday, 16th April, 1980 at the age of 57.

Dennis Vernon Duckworth was born on 9th August, 1922 at Lahore in the Punjab where his father was stationed as an officer in the British Army in India. He was educated at Bishop Cotton School. At the outbreak of the 1939–45 War he entered the Punjab Light Horse in which he served from September, 1940 until August 1941. He then attended the Indian Military Academy as an Officer Cadet and in April, 1942 was commissioned into the Indian Army Division of Signals. He served for the rest of the war as a Signals Officer becoming very proficient in morse. After leaving the Service in September, 1946 he entered Guy's Hospital Medical School. As a student he was a popular member of both the Hockey and Tennis teams in both of which sports he was awarded a Hospital Full Blue.

After qualifying in December, 1952 he did house jobs at Saint Andrews, Dollis Hill and then in 1953 he married Julie Williamson. In 1954 he took over the practice of his father-in-law the late Dr. A. J. Williamson, after one week of working together.

Dennis soon won the affection of his patients to whom he was devoted. He was a man of firm opinion whose careful history taking and examination was followed by decisive action, which was not lightly cast aside by patients or their families. He had an especial knowledge of and interest in Dermatology, which was a source of aid and encouragement to his partners.

A keen student of history, and particularly the history of medicine, he was proud to be secretary of the West Herts and Watford Medical Society for several years. He also held several offices within the local division of the B.M.A. In 1972 he took the M.R.C.G.P. examination with success. In 1979 he was made a Fellow of the College which was a great pleasure to him.

He had over the past few years reawakened his interest in morse and became an enthusiastic radio ham. This proved to be a great boon, when in 1976 he was told he had the early stages of his illness and as his ability to work decreased he was forced to retire on 31st December, 1976. Initially he occupied himself as Chairman of the local branch of the British Rheumatism Association, and when this became too much, he maintained contact by radio with a wide circle of radio friends to within a few days of his death.

Throughout his long illness his great Christian faith increased and many of his visitors benefited from their contact with him.

He is survived by his wife Julie and his four children and his first grandchild who to his great joy arrived two months before he died.

H. A. Hamilton, M.B., B.Chir., F.R.C.O.G.

Mr. H. A. Hamilton, formerly consultant obstetrician and gynaecologist to the Gloucestershire Royal and other hospitals, died on 30th March. He was 70.

Henry Alexander Hamilton was born at Highgate on 21st January, 1910 and educated at Caius College, Cambridge. He qualified at Guy's Hospital in 1934 and took the B.Chir. in 1936 and the M.B. in 1939. After house appointments at Guy's he was obstetric registrar there for three years. During the second world war his department moved to Farnborough, where he ran it singlehanded. Later he became consultant obstetrician to the Sunnyside Maternity Hospital at Cheltenham. In 1946 he was appointed consultant to the Gloucestershire Royal Hospital and the North Gloucestershire group of hospitals. In 1958 Mr. Hamilton was badly hurt in a motoring accident. Among his injuries was a serious one for a surgeon, that of a crushed left hand, but with perseverance and the development of a special method of tying knots he was able to continue with his work at Gloucester. He was elected F.R.C.O.G. in 1962 and retired in 1975. He is survived by his wife and two sons.

Clubs' Union News

Behind an imperturbable front, the Union Team have been coping masterfully with a turmoil of frantic activity. A number of projects ripened during May and I will catalogue them in chronological order.

Plans for the Clubs' Union Rose Ball have been finalised. It will be held on Saturday, 28th June in the polished surroundings of the Kensington Hilton, where we have booked a suite capable of holding up to 200 people. The programme consists of a four-course dinner followed by a dance band and the Powerhouse Disco—reknowned for their special effects.

The Clubs' Union has not held a Summer Ball for many years and it was decided to resurrect the Rose Ball in response to the demands for a formal social occasion at this time of year. This Ball was designed to be a small affair to minimise the financial risk (it could, perhaps, be expanded next year) and it promises to be a delightful evening.

Tickets (£11 per head) are on sale now from Geoff Ramin, Boland House; staff and all members of the Union are very welcome.

The Medical School Catering Committee Working Party met during May and discussed Summer fare. It was decided to increase the choice of salads available in the Lower Spit, for the purpose of providing a "Salad Bar" so that portions of cold ingredients would be available. Cans of Diet Coke, Seven-Up Lemonade and Choc Ices will also be provided. A large notice has been placed above the Suggestions Box in the Lower Spit to advertise its presence—your proposals are read regularly!

Last year, Chas Newstead worked hard to amalgamate the catering for the Hospital and the Medical School. Financial cuts in services now

prevent the Hospital catering from undertaking the extra work that amalgamation would involve, so unfortunately this plan is shelved for the present.

The Bar Committee has detailed a Sub-Committee to wrestle with the knotty problem of How To Redecorate The Bar. This could be regarded as a glorious opportunity to change the social history of Guy's; to take light into dark corners and to effect those improvements which we have all spent many happy hours speculating upon at first hand. However, it soon becomes painfully apparent that WHATEVER the Sub-Committee does will be unpopular; a large and irate correspondence in the *Gazette* will follow, and the members hereby make a pious request for roses at the funerals.

It is hoped to texture the walls, to put a small ledge around each of the pillars and to overhaul the air-conditioning. These are not definite plans, just suggestions; the budget is limited.

One quiet lunchtime, Miss Barton was manning the Union Shop when the peace was shattered by the arrival of several hundred Guy's garments. They overflowed from chairs and tables and covered the carpet with a bewildering selection of two styles, four sizes and six colours in every conceivable combination. She locked the door and fled from the chaotic scene, having left the desperate note: "George—what *are* we going to do with all this stuff?" "Sell it," was the Secretary's dogged reply. The Summer stock, featuring the new, smaller Guy's shield, has now been catalogued and crammed away, leading to an unfortunate tendency for T-shirts to bulge out of every nook and cranny in the Union Office. They are on sale each lunchtime. Please buy them—we need the space. Incidentally, the shop has expanded its range and now sells Blu-Tack, Cassettes, Track Suits and Hooded Sweat Shirts.

The Guinness Walk, on Saturday, 10th May, was thoroughly enjoyable due to the sunny weather (and the Guinness). All 28 Guy's walkers finished the 27 miles along the Grand Union Canal towpath from Rickmansworth to Little Venice. We have been allocated 14 tickets for the Guinness Lunch on 21st October, 1980—names will be drawn out of a hat.

A continuous background to these diverse activities during May was the preparation for the Summer Festival. A full report will appear in the next issue.

DEB BROOKE.

In Bygone Days

The Ban on Heroin

The Government's decision to prohibit the manufacture and export of heroin after the end of this year has been received with astonishment and dismay by the great number of medical practitioners whose work brings them daily into contact with patients suffering from chronic cough or progressive and intractable pain. The reasons which prompted this decision are substantial, if somewhat altruistic, and are in accordance with a resolution adopted by the United Nations Economic and Social

Council. The purpose of the Government's action, as Lord Mancroft indicated in the House of Lords at the end of last month, was to facilitate the world-wide banning of the traffic in "this extremely dangerous drug."

Heroin is dangerous because its use leads readily to addiction. Addiction brings a collapse of moral and intellectual fibre of whose deplorable consequences we are aware; we are, happily, singularly unfamiliar with them in this country. In some other parts of the world the position is very different. Despite the official ban on heroin in the United States for example, addiction there is still a problem and the export of the drug by other countries, including our own, is, somewhat illogically, considered to be an important factor in maintaining that unhappy state of affairs. Prohibit the manufacture of the drug and exports will take care of themselves—so, it would appear, runs the argument underlying the resolution of the United Nations Economic and Social Council which has now been put into effect in this country.

What seems to have escaped the attention of the Council is that a government ban on the manufacture of heroin does not stop the manufacture of heroin. The great pharmaceutical organizations may cease production "except for scientific purposes": important looking gentlemen with puzzled faces may push back their chairs from the conference table satisfied that heroin is no longer a world problem: the expected typewritten sheets of instructions as to the disposal of supplies of the drug already in stock will be issued and pinned in prominent places—but while morphine is available, heroin can be produced. Heroin can be produced by private individuals using simple apparatus in the back kitchen. If it is not so produced it soon will be. Those whose determination has already enrolled them into the number of addicts will not be deterred by any such official ban. Who bothers to run an illicit still when intoxicating liquor is made on a commercial scale? But if commercial production is stopped does that sound the knell of the illicit still? The sanctimonious nonsense talked about alcohol in the days of prohibition is likely to be repeated in the case of this astonishing and illogical ban on heroin.

But all this is beside the point. The ban on the use of heroin strikes a damaging blow at those—and their number appears to be increasing—who suffer intractable pain. It is a singular testimonial to the devotion and efficiency of the nursing services that human life may now be maintained in conditions of incurable disease to an extent unknown a century ago. To condemn such life to suffer the protracted torments of pain is contrary to every human instinct. Powerful analgesics must keep pace with nursing care. Among these heroin is supreme. There may, perhaps, be other drugs almost as potent in suppressing the difficult cough, but about "the perfectly good substitute" of which Lord Mancroft spoke (and he clearly had in mind its value as an analgesic) there is, as yet, surprisingly little information in the medical world. Heroin has been incriminated by name as an "extremely dangerous drug". Would it not be fair, logical, not to say humane, to name the "perfectly good substitute" which must, it seems, soon take its place? Who will be rash enough to tell us what it is called? Time is short. There are seven months left in which to conduct clinical trials. What other substitute drug was ever launched in so cavalier a fashion, unnamed, upon the medical world? Or is its identity to be disclosed in the House

of Lords on 31st December, 1955 when "the devil we know" is withdrawn into obscurity? We must *believe* that this "substitute" exists. Were a patient's welfare and happiness not at stake the whole thing would be ludicrous.

Against this sombre background Dr. A. H. Douthwaite has consistently denounced both in the medical and lay press the ban which has lately been approved. He speaks with the authority of long clinical experience as Senior Physician and Chairman of the Medical Committee of this Hospital. Moreover as Senior Censor of the Royal College of Physicians his voice is a powerful force in the medical world. In a letter to the *Times* of 21st May, he says,

> "I would like to reiterate my statement already made in the medical press, that there is no efficient substitute for heroin. The House of Lords debate on this subject gave a different impression, but all practising doctors know only too well the not uncommon serious drawbacks of morphine, and the inadequacy of the particular heroin substitute which is being advocated. If the ban be maintained, countless sufferers from cough or pain will be the worse for political interference in medical treatment. It cannot be emphasized too often that heroin addiction in this country is trivial."

Every practising doctor can name patients who, from his personal experience, have been greatly relieved by the judicious use of heroin when all other substitutes have failed. Dr. Douthwaite's public condemnation of the Government's action will receive wide and grateful support not only from his medical colleagues but, most important of all, from those "countless sufferers" whom it is our privilege to be able to attend *(From Passim.....1955. Vol.)*.

Taking an Occupational History: Why and How?

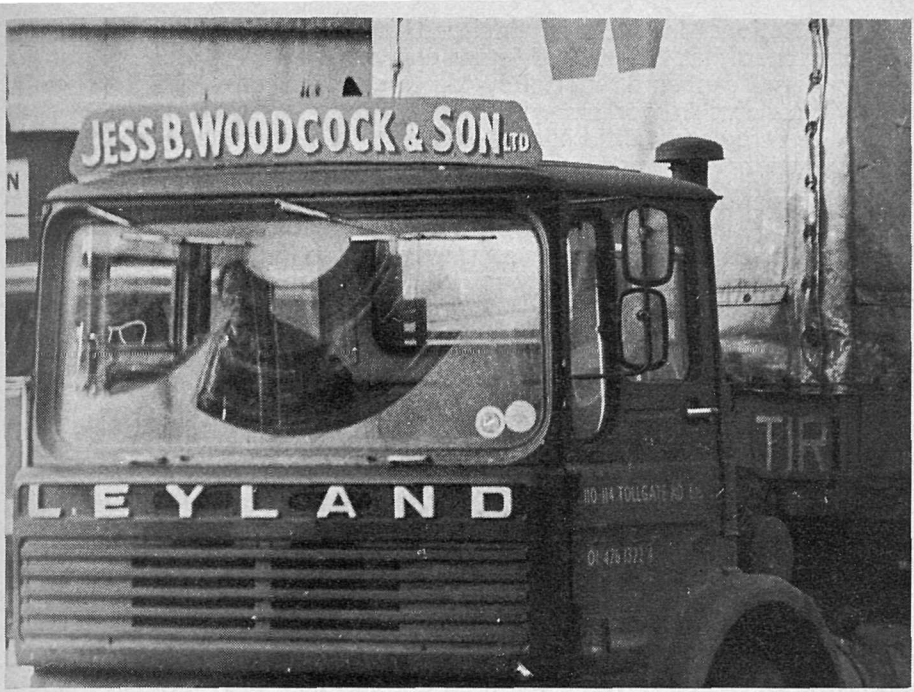
by Gene Feder

Is it worth the trouble?

When we learn how to take histories we are told to always ask a patient's occupation. This is diligently done and appears in the first line of most students' and house officers' notes. But rarely do we enquire what the job actually entails: what types of chemicals does the patient come into contact with, what kind of machinery does he or she use, is the job dusty, do they work shifts? Nor do we usually ask what *previous* jobs the patient has had.

These omissions are grave in light of the growing knowledge about chronic occupational diseases and the occupational component of common disorders. Failure to enquire about past work is particularly short-sighted in the case of suspected malignancy, where a long time-lag between exposure to a carcinogen and presentation of symptoms is common.

The true incidence of occupationally-related disease and mortality is not known. There were over 13,000 new cases of prescribed occupational disease in 1975–6[1] (excluding pneumoconiosis and byssinosis). This is the tip of the iceberg though, since they only include workers who qualify for industrial injury or disablement benefit.



Above: Carbon monoxide exposure, noise, vibration and seating design contribute to the health problems of lorry drivers.

Common disorders like coronary atherosclerotic heart disease, bronchitis and asthma can have an occupational aetiology in workers in certain industries. For instance, carbon disulphide and carbon monoxide have an atherogenic effect and aggravate symptoms in patients with pre-existing CAHD. The (unobjectionable) emphasis on the role of smoking in producing bronchitis has tended to obscure bronchitis of occupational origin. There is a higher incidence than expected among foundry workers, coal miners and other dusty trades, controlling for smoking differences.[3] Dust is important in causing symptoms of bronchitis in the younger age group in some occupations and generally has an additive effect with age and smoking.[4]

Occupational hazards are not restricted to industrial workers: office, hospital and council workers are also exposed to hazards, particularly with the increasing use of chemicals and machinery in these sectors. For instance, nitropyrene, a contaminant of carbon-black toner used in photocopiers, has recently been suspected of carcinogenicity.[5]

What proportion of malignancy has a pure occupational origin? To what extent do occupational, environmental and "personal" (i.e. smoking, diet) factors interact in the aetiology of different cancers? These questions are much-debated at the moment and relevant epidemiological studies are almost non-existent. The International Agency for Research on Cancer estimates that 1–5% of cancers have an occupational origin.[6] But a joint study sponsored by the National Cancer Institute, National Institute for Occupational Safety and Health (NIOSH)

and the National Institute for Environmental Health Sciences in the US has estimated that 20–40% of future cancer cases will be due to current occupational exposure.[6] Certainly the large differences in incidence of specific cancers in workers with different jobs—controlling for over-all class and regional differences—suggests an important contribution of occupational carcinogen exposure to cancer aetiology.[7]

Occupational hazards show no sign of diminishing: the introduction of over 1,000 new chemicals every year with no or minimal toxicological testing; the resistance of many employers to the implementation of safer conditions and the limited efficacy of the Health and Safety Executive will ensure a continuing flow of patients with classical and new occupational diseases.

Yet, in the daily encounters between patients and doctors in G.P. surgeries, outpatient clinics and wards, the association between occupation and disease is barely addressed. Somehow we have to translate the larger statistical picture into terms useful for dealing with individual patients. We have to demonstrate how a particular patient's problem may have been caused or aggravated by his or her occupation. Below are a number of ways in which an occupational history can be helpful in this task.

1. Making a diagnosis

Since work-related diseases are often indistinguishable from diseases involving other aetiologies, taking an occupational history can be the key to making the correct diagnosis. For example, a history of slowly developing dyspnoea combined with a chest X-ray showing non-specific opacities might not lead to a diagnosis of asbestosis unless the patient is asked about actual or possible exposure to asbestos. There is evidence that even such a well-recognised industrial disease may be under-diagnosed.[8]

Proteinuria without other clinical or laboratory findings might remain a diagnostic puzzle unless a history of cadmium[9] or hydrocarbon[10] exposure has been elicited. Unexplained dizziness, faintness and headache caused by organic solvent exposure may be treated as "functional" if the doctor does not know that the patient works over a degreasing tank.

2. Design of treatment

Although pathological and anatomical diagnoses can often be made without knowing the underlying aetiology, determining the cause of an occupational disease can be crucial in designing appropriate treatment. Dermatitis caused, for instance, by the handling of epoxy resins, is often treated with topical steroids by G.P.'s who fail to enquire about the patient's work.

Patients with late-onset asthma may be treated prophylactically with cromoglycate or beclomethasone when the origin of their symptoms lies in exposure to occupational sensitisers. The number of occupational agents which have been reported to cause asthma now exceeds 200, including isocyanates (polyurethane makers, print workers, paint sprayers etc.), epoxy resins (wide range of occupations), or colophony (solderers).[11]

3. **Prevention of further deterioration**

Even when treatment is unavailable, discovery of an occupational aetiology can prevent further deterioration. For instance, the spread of peripheral neuropathy induced by hexane or methyl butyl ketone[12] depends first upon recognising that these work place solvents have caused the nerve damage. Smokers who have chronic bronchitis will deteriorate further if exposed to dusty conditions or irritant fumes at work.

4. **Securing industrial injury, disablement or death benefit**

Compensation does not in any way make up for permanent disability nor does it bring back a spouse who has died prematurely from his or her work. But patients and their relatives need financial compensation to make up for lost income. The criteria for elegibility are stringent; they are obviously not fulfilled if the clinician does not make the association between occupation and disease.

Negligence in this matter has been documented with specific occupational diseases. For example, Somerville et al recently wrote, with reference to bladder cancer patients:

> *Most Royal Marsden patients are referred from other hospitals; often those with exposure to bladder carcinogens have not had this feature of their disease noted, particularly when exposure occurred decades earlier in a job long since left.*[13]

5. **Discovering new associations between hazards and diseases**

Few new chemicals undergo adequate toxicological testing before entering into production. Epidemiological monitoring for associations between new substances (or old ones!) and disease is sporadic at best. Therefore astute clinicians have an important role in identifying patterns of disease among patients exposed to particular hazards.

In 1977–78 two Baltimore physicians noticed a pattern of urological complaints among patients who worked at the same plant. Within months Catylast ESN (a proprionitrile) exposure was found to be the source of the problems and was withdrawn from use soon after.[14]

6. **Education and counselling of patients**

People often know that their jobs are dangerous, but may not realise the extent of the danger, its nature or the possibilities of prevention. A well-informed doctor can provide useful information and guidance. For example, a lorry driver with CAHD must be informed that carbon monoxide produced by engines exacerbates his condition.

7. **Promotion of organisational action**

If one worker has an occupational disease, his or her fellow workers are also likely to be affected. This will not always be as obvious as it was in an American herbicide plant in 1976 when 41 workers (90% of the work force) and four family members had chloracne (from chlorinated hydro-carbons) as the result of exposure to an intermediate in the manufacture of a new product.[15] The co-workers of patients with occupationally-related diseases should be encouraged to get medical examinations. The discovery of an occupational disorder may spur affected and other exposed workers to press for safer working conditions.

Trade union campaigns against the use of asbestos in shipbuilding on Tyneside and in thermal insulation work in Glasgow emerged from a steady toll of deaths from asbestosis, mesothelioma and lung cancer.[16] Doctors can directly contact a patient's union, either the local branch or the full-time area officer or they can encourage the patient to approach his or her safety rep. Since the 1974 Health and Safety at Work Act, all unionised work-places have safety representatives. These safety reps receive special training in health and safety and have rights to inspection, information and to make representations to the employer on behalf of his or her members.[17] Knowledge about the hazards of TDI (an isocyanate) made the NGA and SOGAT—two print unions—press for the elimination of isocyanates from the industry.

The Employment Medical Advisory Service, the medical arm of the Health and Safety Executive—though hampered by understaffing (less than 100 full-time doctors nationally!)—can investigate the potential sources of an occupationally related disorder.

Obviously all of these reasons for taking an occupational history do not apply to any individual patient. However they should convince sceptics that it is worth a few minutes to learn what patients do—and have done—for a living.

Above: Asthma, peripheral nemopthy and lead poisoning are linked to occupational exposure in paint sprayers.

Suggested format for occupational history

A. **Current job status:** employed (part-time/full-time), unemployed, retired or disabled.

B. **Present job**

(i) duration and schedule (number of years, type of shift rotation);

(ii) tasks (detailed job description, specific processes and procedures);

(iii) toxic exposure (chemicals, metals, minerals or other substances)

(iv) extent of exposure (presence of vapours, gases, fumes or dust);

(v) other hazards (noise, temperature extremes, stress, radiation, microwaves or vibration);

(vi) protection (respirators, masks, ear plugs or gloves);

(vii) co-workers' health (presence of similar symptoms or health problems; premature mortality);

(viii) timing of symptoms (worse during work, at the beginning of the week, relieved by weekends or holidays?);

(ix) personal perceptions (does patient think any of his or her health problems are related to work?).

C. **Previous jobs**

(i)–(ix) for all previous jobs, including war time employment.

D. **Spouse's work**

Does he or she work with chemicals, metals or other substances (especially asbestos, beryllium, lead and hydrocarbon solvents).

E. **Environment**

Nearby factories, waste sites or contaminated sources of water.

F. **House work**

Cleaning fluids and potentially dangerous machinery used in the home.

G. **Hobbies**

Chemicals, metals or other substances.

Job description

The first question about a patient's work usually yields a vague job title with little indication of what a patient actually does. For instance a "fitter" can work in light or heavy engineering, in a hospital, in a chemical plant, a brewery, for a local authority, etc. People with the same job title may run quite different risks: a steelworker who works near a coke oven is at a higher risk of lung cancer than a steel worker who stamps metal.

Hazardous substances and exposure

Ths next task is to learn what potentially hazardous substances the patient may be exposed to at work. Since companies rarely give the generic names of materials to workers—though safety reps have a right to this information—it may be necessary to ring the product manufacturer, the New Cross Poisons Unit or a relevant governmental organisation (for further details see a second article in the next *Gazette).*

When the chemicals or dusts are known, an estimate must be made of how much exposure occurs. In the work place an occupational hygienist can measure the air contamination. In interviewing patients, however, a less exact way to approximate exposure levels is to ask whether there are fumes, gases, or vapours and whether protective equipment is worn. If answers to these questions are affirmative then exposures are likely to be significant.

In some circumstances simple practices can be used to assess the extent of exposure. For instance, some chemicals such as phenol, cresol and xylene can be detected by smell only at air contamination levels which present hazards to health. Or, if a workplace is so noisy that shouting is required to be heard within normal conversational range, then the noise level will probably produce hearing damage on persistent exposure.

Although most hazards cannot be quantified in such an informal way, it may be unnecessary to do so. If a patient is symptomatic and works with substances which are known to produce these symptoms, then an occupational origin must be seriously considered.

Affected co-workers?

Asking patients whether the people they work with display similar symptoms may be useful in determining the cause as well as identifying others in need of medical attention. In the 1970's a group of workers at the Occidental Petroleum plant in California noticed that few of the workers had had babies in the previous two years. Subsequent investigation by their union and NIOSH implicated a particular chemical in the plant, dibromochloropropane (DBCP) which was shown to cause sterility.[18]

Timing of symptoms

Detailing the temporal and spatial relations of presenting symptoms is as important as it is in any type of illness. "Humidifier fever" which affects office and factory workers exposed to aerosols generated by humidifiers of air conditioning plants, may give the most severe respiratory symptoms on Monday morning, decreasing in severity through the week and particularly on weekends.[19] It resembles the classical "Monday morning fever": byssinosis.

Past jobs and family exposure

Malignancy is not the only type of illness that has a delay between exposure and presentation. Lead stored in the skeleton may be mobilised by a sudden stressful event and cause intoxication months after the most recent lead absorption.

Hazardous material in the workplace may not only affect the workers but also their families and the environment surrounding the

plant. For instance in a study of 52 women with malignant mesothelioma, Viama and Polan found that a significantly greater number (10x) had husbands and fathers in asbestos-related industries than did controls.[20]

Women who live near to plastics factories have babies with a higher rate of congenital malformations than expected.[21] Other chemicals that have affected families of workers are lead, beryllium ketones, hydrocarbon solvents and flax.

Environmental exposure

Neighbourhoods where factories and their waste sites are located are at risk from toxic chemical and mineral exposure. For example, residents of Woburn, Massachussetts—which has a large number of chemical and tanning plants—have a 15% higher cancer rate than the rest of the state.[22] The regional differences in the incidence of certain cancers in Britain may also be due to environmental contamination.

It is no longer possible to maintain the artificial distinction between the workplace and the environment, between workers within a factory and their families and neighbours who live around it. The prevention of industrial hazards fulfills both environmental and occupational health needs.

Conclusions

Learning about the relation between occupation and disease is a formidable task: the large spectrum of disorders, of potentially hazardous materials and of work places makes it particularly daunting. The task is not made any easier for us by the neglect of occupational medicine in undergraduate medical education.[23] At Guy's we get *one* lecture in five years specifically on occupational illness and even that one is, I am told, uninspiring.

Nevertheless, as I have argued above, occupational diseases contribute significantly to the morbidity and mortality of working people in Britain. These diseases are preventable. Therefore we owe it to our patients to take adequate occupational histories and to investigate possible links between their work and their ill-health.

This is the first article of two on occupational health histories. The second one will discuss sources of guidance on the interpretation of the occupational history. Thanks to Steven Markowitz and David Michaels of Montefiore Hospital, N.Y. for allowing me to borrow extensively from their excellent discussion on occupational histories; to Alan Dalton for the pictures and helping me keep my feet on the ground; to the Wills librarians for their patience.

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The Friends of Guy's Hospital AGM

by our Special Correspondent

The Friends of Guy's Hospital held their Eighth Annual General Meeting in the Robens Suite on Wednesday, May 7th. Over one hundred people attended, several of them nurses, who showed their appreciation of the work which is done by the Friends.

After approval of last year's minutes the Annual Reports of the Executive Committee and of the Services Branch were received. The latter was delivered by Dr. Philip Helliwell due to the indisposition of Mrs. Margaret Helliwell, to whom was wished a swift recovery.

Elections for the President and Vice-Presidents were then held, and Lord Robens and his vice-presidents were re-elected. Posts on the Committee were then filled.

The Annual Address was given by Sir John Prideaux, ex-Chairman of the National Westminster Bank, ex-Commissioner Extraordinary, and President of the Friends of St. Thomas' Hospital. He gave an informative analysis of the changing role of hospital friends in the present financial climate (of which he is more qualified to speak than most) and gave a rapid summary of some of the changes which the Flowers and the London Health Planning Consultative documents might bring. He approved suggestions for making areas smaller and reintegrating administration, but firmly believed in the value of the CHC's and would suggest they might be retained.

Mrs. Davies, Divisional Nursing Officer, then thanked the friends and Mrs. Margaret Campbell (who takes over from the retiring Mrs. M. Helliwell as Chairman of the Services Branch) thanked Sir John and Mrs. Davies.

The Potting Shed

GHTC reviewed by Mark Powlson

The Theatre Club presented Grahame Greene's 1958 play *The Potting Shed* on May 1st and 2nd in the Ballroom. There was little wrong with the Guy's production—indeed it showed ability despite the imposed limitations. A great deal, however, was wrong with the play. One now realises Mr. Kenneth Tynan's horror when he wrote of the first performances which *"shot us back overnight to the dark ages."* If anything, the play is even worse than he suggested. Those people who profess surprise every year when Mr. Greene does not receive the Nobel Prize for Literature might now be answered—the judges have read or seen a play of his, the which would banish all thoughts of preferment. It was strange to see the play staged by Guy's Theatre Club (the incumbents of which tend to be of similar religious beliefs as the late Henry Callifer). One can only suppose that it was staged because the director wished to show how appalling this message-bestrewn play is, and to show how much harm can be done to the cause for which such a work is written.

The play begins just after the death of Henry Callifer, eminent atheist philosopher—whose family (bar his brother, a priest) and circle of friends have similar views. This rationalist clan is made out to be a bunch of decrepit puritans (as Mr. Tynan says), with equivocal morality. They have cut off the younger son from the family because of some mysterious (though heavily hinted-at) episode in his youth. This involved him and his uncle (the priest, also ignored by the family) and occurred in the quiet of the potting shed. (Sodomy? No, the truth was far more absurd!) This younger son, James, played with suitable confusion by Stephen Philby, was unoffically involved in the funeral by his niece, Anne Callifer. This was one of the two remotely actable parts in the play, Helene du Peloux Menagé made the most of this good fortune, playing a vivacious and mischievous adolescent as if to the manner born.

Needless to say, the family were distressed at his presence—and, of course, he locked his Dog in the shed. Strangely enough Anne and James felt a *presence* towards the Potting Shed, when contemplating to feed it. (Spell Dog backwards . . . but no, surely not even G G could . . . O God! He could!!!) James then goes to find his uncle who is a *"frocked sot* on *the verge of the shakes"*, Father William Callifer. This was the other remotely actable part, and Ben Wyatt did it well. Anyway, William reveals all, and it is not a pretty sight. James, it transpired, had hung himself in this dogammed shed and became "demonstrably dead." Fr. William begged God to revive him, and made a repugnant bargain whereby he lost his faith in return for his nephew's life. The play after this *canis ex machina* is even more indescribable and exhausts one's maledictions.

Strange as it may seem, the evening was very enjoyable. The production was straightforward and did not seek to stress the absurdities inherent in the play for cheap laughs. Mr. Robinson showed considerable restraint here. The actors performed competently considering the

material they were given (and the two with actable parts were good). It is often quite heartening to see a really excruciatingly bad play done well—but I re-read Mr. Tynan's criticism and started to worry. I, too, was surrounded by row after row of a rapt attentive Guy's audience. Could they possibly be taking it seriously? Oh Dog!

The Children's Playgroup

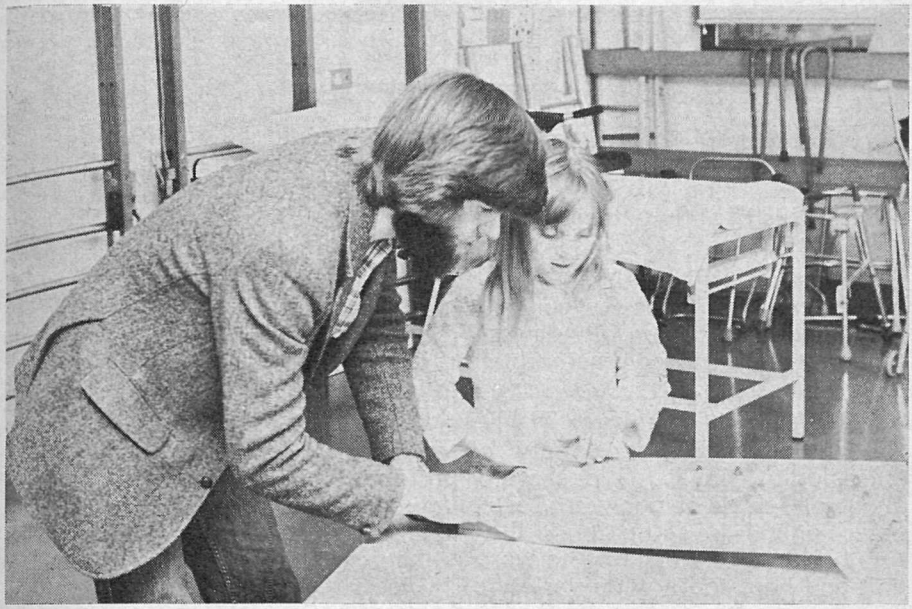
by Angela Barnicoat & Chris Newson

Every weekday evening (except Fridays) the Physiotherapy Gym. on the twelfth floor of Guy's tower is converted into a giant playground. An open invitation exists to any of the patients in the Evelina Children's Hospital to come and enjoy a variety of games and toys. Brothers, sisters, visitors and parental help are also very welcome. Originally the facility was designed to cope with the older children when the younger ones were ready for bed, but there is no fixed age range and toddlers and teenagers seem equally at home.

Supervision is provided by a volunteer group which was started about two and a half years ago by a first year student, Lawrence Maule. Most of the original helpers have now moved on to clinical studies and are unable to make a regular commitment, so the responsibility has continued to rest mainly on the B.M.S. students. Other helpers include people working in the hospital, dental students, medical secretaries,

pharmacists, radiographers, physiotherapists and some from outside the hospital and non-medical walks of life.

The children are collected from their wards at about 6 p.m. and taken up to the gym. where they choose what they want to do. Many are pre-operative or well on the road to recovery and want to be fairly active playing with the gym apparatus, bicycles, tractors and the



inevitable football. Others, less ambulant (suffering from a variety of conditions: burns, minor head injuries, broken limbs and more chronic disorders such as asthma and congenital heart disease) appreciate the wide variety of games. These range from the classical "snakes and ladders" and "ludo" (found in many guises) to some of today's more inventive and bizarre toys (and seemingly more breakable too!) such as the hen that clucks and lays golden eggs or a North Sea oil rig. Probably the most popular attraction are the several bar footballs (operating free of charge) which seem to hold great fascination and hours of amusement for both boys and girls alike.

Books, colouring posters, dolls, jig-saws and an old record player, churning out fairly recent pop hits, are available for those who prefer to play alone. Some of the older children just enjoy the chance to talk to the helpers (who, unlike harrassed nurses, can spare time to listen to) about their problems and worries. After an hour and a half to two hours when everyone is thoroughly exhausted, the debris is cleared up, and the children are returned to their wards hopefully a little more tired and ready to sleep.

This service is greatly appreciated by both the children, who can run around and let off steam, and the nursing staff, for whom a slightly quieter ward at the end of a shift is a treat, but extra help is always

needed (especially during student holidays). Anyone interested should contact either Mrs. M. McGlone, District Co-ordinator of Voluntary Services who has an office on the third floor of Mary Sheridan House (opposite the main gates of Guy's Hospital) or Chris Newson, a first year medical student, via Boland House pigeon holes or notice board.

Nursing

Walking into William Gull Ward you could be forgiven for not noticing the Metabolic Ward nestling quietly in the corner. But, open the door any morning (except weekends) and you may well be surprised to see the hive of activity therein!

We opened in January, 1977, as "a four-bedded Programmed Investigation Unit with an area for out-patients". A small group of trained nurses, under the caring eye of Professor Keen, staff the ward around the clock from Monday to Friday. In 1979 we received the name "Peter Bishop" to commemorate Dr. Bishop, the late Guy's Endocrinologist and Dean. The ward happily from humble beginnings is thriving and currently sees over 250 patients a month.

Initially, a wide variety of endocrine, metabolic and gastroenterological investigations were performed. This now accounts for about one-third of our work, especially since the arrival of the Gastroenterological Investigation Suite just below us on the ground floor. Another area of work for the ward is the provision for use as a research unit and here too a wide variety of projects have been, and continue to be performed on both an in and out-patient basis.

From the outset the greatest demand was from those concerned with the care of and research into diabetes mellitus and here the ward has an integral part to play. Daily the ward nurses undertake up to 10 blood glucose profiles on in-patients throughout the hospital, plus a number on the Metabolic Ward itself. Thus each day we could be in contact with as many as 20 different diabetic patients, each with their individual fears and needs.

Diabetes mellitus is no respector of persons. It afflicts toddlers, adolescents, adults, middle-aged and the elderly and clearly each individual has widely differing needs, emotionally, intellectually and medically. A widely held belief, yet to be proved or disproved, is that good diabetic control will help to prevent or delay the onset of complications such as blindness, vascular or renal disease. Whatever the outcome of the discussion, which no doubt will continue for many years to come, good control certainly appears to offer the best chance of longevity, to date, and certainly cannot be ignored as an important factor.

For all our medical care of insulin, hypoglycaemic agents, diet, glucose profiles, etc., when all is said and done whatever quality of life is achieved is up to each individual patient. Not one of you reading this article is likely to respond to any instruction given to us unless we understand the reasons behind that instruction. It follows, therefore, that many

of our patients are also unlikely to respond and sadly are probably too frightened to 'waste your time' to ask. Many hear horror stories from 'kindly' neighbours about gangrene and impotence, fear of which leads to an even greater lack of co-operation on their part.

It is in this field that the Metabolic Ward has a real place in this Hospital. We over the last 3 years, have been learning how to teach our patients to care about themselves and their diabetes. In order to understand simply what the medical problem is and how to adapt, we teach them in layman's terms about their pancreas, what insulin does, what their blood glucose results mean and how better control can be achieved. Dietary education is handled by Miss J. Munro, our resident dietician. If insulin is required we teach how to give injections, what length of action their insulin has, and so on.

We achieve this by individual conversation, group talks, tape slide programmes, information sheets, the British Diabetic Association, questionnaires and by listening. Often we fail to gain any response from our patients and feel that even the simplest understanding is never achieved. It is true that 'old dogs cannot learn new tricks' and why should they? However, it is quite remarkable to listen to a middle-aged diabetic frightened to give his own injection chatting to a 10 year old who happily does so, and benefiting from the experience. All of this takes much time and needs constant reinforcement. In this role the nurse is particularly valuable for we have constant contact with our patients and have many opportunities to learn from them and to impart knowledge.

My aim, and that of my staff, is to assist other ward based medical and nursing staff to impart self-care knowledge to their patients. To show these patients how to recognise when problems are arising and how to avoid them. It is likely that many hospital admissions could be prevented if patients could avoid hypoglycaemia or keto-acidosis by knowledgeable action at home. You may feel that that is a sweeping statement. It may well be so, but I am certain we can substantially reduce admissions by self-care techniques.

Our intention is to visit as many in-patient diabetics as possible to assess their knowledge and tactfully attempt to improve it. With the blessing of both the Medical Committee and Nursing Administration, we would like the opportunity to assist other ward based staff to continue to improve the quality of our patient care and thereby improve the quality of life for our patients.

PATRICIA JOHNS,
Metabolic Ward Sister.

Physiotherapy

In February, I referred to the CPSM's publication THE NEXT DECADE which posed some questions and suggested some answers which might in the short term be anticipated and desirable for the several professions collected under the PSM umbrella. Predominant amongst these were a transfer of responsibility for education and training to the

DES from the DHSS, and a strong plea that we, as a matter of urgency, decide whether or not we see our future education as degree-worthy, in whole or in part, and, if the latter, in what proportion.

Subsequently, a second paper* has been produced by the Council's crystal ball-gazing "working party on the future" which has concerned itself with the three major spheres of influence of the Council and its Boards, to wit registration, discipline and (again) education and training.

Among the recommendations on the first topic are powers to grant provisional registration, to protect titles or close professions and to define competence to practise, so that a more exact delineation may be made of who is, and may continue to be, registrable, employable and free to pursue his profession. Confusion is commonplace amongst members of the professions themselves, let alone those who are not, as to what is the business of the Council and its Boards—crudely, it is to protect the public from the incompetent, and it has been appreciated that we have no clear-cut definition of what constitutes competence, although we all think we can recognise it when we see it. The Council hopes that it may be able to devise a means whereby not only may it restrict initial registration to the competent, but also keep out re-entrants until they are able to demonstrate an up-dated ability in changed times, or even ensure that what was adjudged competent years ago, and has not been demonstrated to be incompetent subsequently, is in fact still competent now. If you see what I mean. . . . Evidence of continuing competence—which, of course, people like me might find it quite difficult to produce, in that we have not actually practised our profession for upwards of twenty-five years. Strictly applied, these proposals could render unregistrable many of the professions' leaders, which might be a case to argue with some vigour but I doubt was in the Working Party's collective mind at the time.

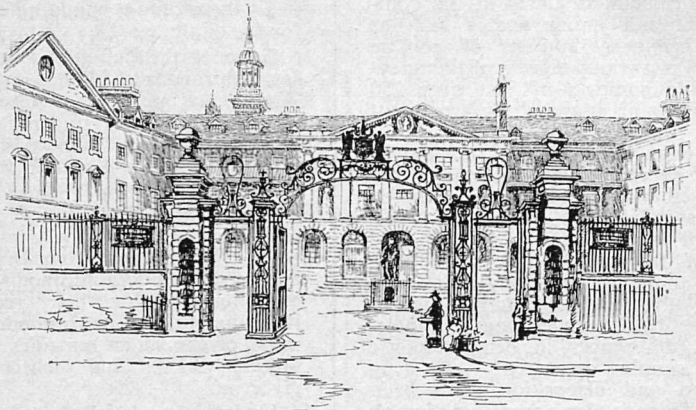
As to disciplinary powers, there is evidently a faint sense of surprise that the professional organisations should deem this an important function. Is the small number of instances when they have needed to be employed attributable to the intrinsic propriety of physiotherapists et al, or to fear of the sanction of removal from the register? Does it matter, as long as the number is so small? We voted for retention of this disciplinary power, consistently, as I see it, in that we opted 20-odd years ago for state registration in the belief that it denoted professional rectitude.

The third, educational aspect echoes the findings of the earlier report and urges the speedy institution of a body which can make early, thorough and, above all, effective enquiry into manpower-planning and, with that in mind, the training of our various professions.

*PSM *Registration and Self-Regulation—Future Requirements and* Opportunities CPSM April 1980.

R. J. COOPER.

Guy's Notelets



Guy's Hospital, Main Entrance.

These high quality notelets, in sets of five, bear this period pen and ink design in black.

We are able to sell these for just 75p the set (p. & p. free).

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Book Reviews

"Topics in Clinical Pharmacology" by C. F. George. Pp. 265. Price 6.75. Published by Kimpton.

This short book is aimed at the clinical student and junior doctor and, as the title suggests, consists of concise summaries of various aspects of therapeutics. In the compass of just over 250 pages a rational approach to treatment based on sound pharmacological principles is enunciated. Whilst making no attempt to be comprehensive, most of the common clinical problems are covered in Professor George's lucid and up-to-date text. Other more fundamental aspects of the subject have not been neglected and brief consideration of such topics as adverse drug reaction mechanisms, the factors underlying the inter-individual differences in drug response and a simple treatment of drug metabolism and disposition have been included. There is also a useful section on how to prescribe drugs: a matter which many medical graduates find difficult when they first become housemen. A particularly refreshing feature of the book is the inclusion in most chapters of a few short clinical vignettes to illustrate the application of the principles or regimes detailed in the chapter. For many students clinical pharmacology, despite its great practical importance, is a dull and boring subject because it appears to be all about drugs (which don't interest them) and not patients (which usually do). Therefore, this device will hopefully emphasise the very real relevance of the subject to everyday clinical practice.

I should imagine that this excellent little book will soon have a wide readership among students wanting a clear and sensible summary of clinical pharmacology for revision prior to their final examinations. It is a valuable addition to the relatively small range of student books in clinical pharmacology and I wish it every success.

H. J. ROGERS,

Senior Lecturer in Clinical Pharmacology

"Encyclopaedia of Materia Medica and Therapeutics for Chiropodists" 1st edn. by J. N. Le Rossignol, F.C.L.S., S.R.C.L. Pp. 179. Price £4.50. Published by Faber and Faber, London.

This small encyclopaedia is designed to help and guide chiropodists It is easy to read and one is able to find the required information quickly and without fuss—therefore a handy reference book for the clinic, etc.

Some of the definitions included such as "Chiropodists' Felt" and "Lamb's Wool" are perhaps unnecessary, even for the chiropodial student, but perhaps they would be of help to a wider section of readers—a minor criticism.

The chapter on "Septic and Other Inflammatory Conditions" was most useful, particularly the section dealing with ulcers. Apart from Debrisan, it is a long time since chiropodists have had anything new for their treatment, but it is helpful to be reminded again of some of the older remedies such as red lotion, B.I.P. and ichthammol and glycerin.

Under the heading "Treatment of Foot Ailments", the chapter on Fungus Infection was most helpful. As the writer states, *"The selection of the correct drug for a particular case is a matter of experience and judgement (unless a culture and sensitivity test has been carried out)"*. Many chiropodists would not find it easy to have these investigations performed, and the number of fungicides available can be confusing. Again the writer advocates the use of well-known and much used drugs, such as Brilliant Green, Whitfield's Ointment, and Castellani's paint, etc., all of which will be found in any chiropodist's surgery.

A useful book for chiropodial students and practitioners alike and anyone else who may have to treat foot ailments.

W. Woodburn
(Chief Chiropodist)

"Principles of Medicines and Medical Nursing" by J. C. Houston and Hilary Hyde White. 5th Edition. Pp. 200. Price £2.45. Published by Hodder and Stoughton.

This is a new edition of a useful book which has been revised and brought up to date. It has sensible, clear accounts of the "bread and butter" medical conditions together with an account of treatment and care. The illustrations are clear and the book is well presented and reasonably priced.

B. B. WHYTE.

Correspondence

Friends of Guy's

Dear Sirs,

I trust I may trespass on your correspondence columns in asking you to publicise my personal thanks to all those who attended the recent Annual General Meeting (the last over which I shall have the honour to preside) and to underline the appreciation then expressed to all the people who, by their personal untiring efforts, voluntarily afforded, have assisted the Friends in carrying out our objects. I would also like to take this opportunity of thanking our Secretary, Mrs. Jennifer Mylchreest, and her assistant, Mrs. "Jackie" Hider, for the excellent way in which they have performed their duties, and much more besides. Jennifer and Jackie, we could not do without you.

Yours sincerely,

A. C. EDWARDS

Chairman
The Friends of Guy's Hospital
13 St. Thomas St.
London Bridge SE1 9RS

Winged Fellowship Trust

Dear Sirs,

I am appealing to your readers to come and help the Winged Fellowship Trust run our holiday centres for the severely physically disabled. Your readers, being associated with the medical profession, will probably appreciate the difficulties faced by disabled people and their families. To get away, as most of us do for a holiday, means so much to them and greatly helps those who care for them for the rest of the year.

We have three centres in Surrey, Essex and Nottinghamshire and can provide 100 holidays per fortnight. These centres are run by a small permanent staff who rely on the aid of residential volunteers who come for a week or a fortnight from March to December. We are facing an acute shortage of helpers from **now** until July and again in the autumn—so please consider giving up a few days of your holiday to come and help.

Yours sincerely,

JOY NEAL (Mrs.)

Winged Fellowship Trust
2nd Floor
64/66 Oxford St.
London, WIN 9FF

Double Standards

Dear Sirs,

Could it be that the *'Gazette'* has double standards? 'Passim' October 1979 levelled criticism against advertisements produced by drug companies capitalizing on the male frailty for attractive women, and yet in the last issue (April 1980) there are two such advertisements. The first contains a photograph of a scantily clad female selling executive chairs ('Bosp' office furniture limited). The other is a drawing of a young lady with proportions that can hardly be described as anything less than generous ('Sensodyne').

Although I appreciate the need for the financial support of your advertisers, I find it hardly credible that a journal of such repute should sink to these depths of male chauvinism.

Yours faithfully,

ANGELA BARNICOAT.

Boland House,
Guy's Hospital,
London Bridge.

P.S. My life was incomplete until I bought a 'Gazette' keyring!

(*Generous proportions are not, de facto, undesirable*—"*Hardy*")

Miss Betty Hammond—
L. W. Morland & Co. Ltd.

Dear Sirs,

The many friends of Miss Betty Hammond will be sorry to hear of her imminent retirement. She has been a source of information and untiring help for those of us fortunate enough to travel to overseas meetings, and will be greatly missed. Anyone who would like to make a small contribution towards a present for her, should send it to me in the Pharmacology Department.

Yours sincerely,

F. M. SULLIVAN

Pharmacology Department,
Guy's Hospital Medical School,
London SE1 9RT

O.P.D. 0, Guy's Park 34

Sirs,

A few months ago you published some complimentary remarks about the improved state of the Park.

This week I visited Guy's Out Patients' Department for the first time in eight years. It is a pity that someone has wasted money erecting an ugly sign, which does not enhance the exterior. It is even more disappointing to see the grime on the interior walls. The staircase from Old Front Surgery has been cleaned at some stage (but not very recently) to a height of about seven feet by someone who could reach no higher; above this height is thick, coated dirt.

I have never been in such a disgustingly filthy hospital department. In contrast, the Medical School was very spruce: a credit to Mr. Bompas and his staff. And, the Park, despite the rain, was tidier than I ever remember it. However, I was again disappointed by the shabbiness of the entrance lobby to the "underground" in the West Wing, and the dirtiness and general scruffiness of the exterior of the East and West Wings.

Does no one, today, take a pride in the Guy's Hospital?

Yours, etc.,

KEITH R. STEWART

11 Tanglewood
Alconbury Weston,
Cambs.

Rugby Referees

Dear Sir,

I am writing on behalf of the third and fourth XV rugby teams who have turned up at H.O.P. on several occasions this past season with no referee available. This has meant that one of the XV has had to referee the game leaving the team one player short. If there are any retired rugby players who want a run out on a Saturday afternoon, and learn the rules they never knew while they were playing, please get in contact with me before the start of next season.

Yours faithfully,

STEPHEN C. DUCKSWORTH.

Team Secretary
Boland House,
Guy's Hospital

The Virtues of Added Years

On qualification one's last thoughts are of pensions, and yet if within three years of commencing superannuable employment in the N.H.S. "Added Years" are not contracted for, then the opportunity is lost for ever.

No one on qualification can put in forty years of service before sixty years of age and "Added Years" are a device whereby a full forty years of service may be credited at this significant birthday.

Purchase of this benefit, currently index-linked, can be by tax-deductible monthly instalments and should retirement be early on the grounds of occupational ill-health then further payments are waived and the Added Years credited in full.

Similarly one can repurchase the tax-free retirement lump sum reduced on marriage.

Yours faithfully,

J. F. BOWES (LDS 1946)

36 Rodenhurst Road,
SW4 8AR

Piano Recital

Dear Sirs,

Please could I draw the attention of Gazette readers to a Piano Recital due to take place in Chapel at 7.00 p.m. on Monday, 23rd June? It is given by Iain Burnside who gave the first recital in last summer's series before going to Poland on a year's scholarship—a scholarship which has since been extended for a year.

The programme will include music by Bach, Beethoven, Chopin, Liszt and Prokofiev. Admission will be free.

I hope that as many people as possible will take this opportunity of hearing Mr. Burnside, particularly as the marvellous accoustics of the Chapel are to serve only the noise of construction work for the next year or two.

WILFRED TREASURE.

Boland House,
Guy's Hospital

Sport

After the masterly and, alas, valedictory overview of the Sports Scene by the retiring Sports Editor, we lack an introduction to this section because of examinations. We shall, therefore, allow these achievements to speak for themselves starting with the latest awards of the Blues Committee. *(Thanks to Inky and Alex for their incognito tour reports —Ed.).*

Badminton

Half Blue: Jerry Kwok.

Boat Club

Full Blues: Mark Gaffney, Andrew Wood.

Half Blues: Richard Johnson, Tim Johnston, Roger Matthews, Steve Smith, Simon Ward, Tim Zilkha.

Fencing Club

Full Blues: Richard Browne, Richard Loukota.

Half Blue: Patrick Keating.

Ladies' Hockey

Full Blues: Cathy Irwin, Debbie Uwins.

Half Blues: Sally Clark, Ann Lewis, Sian Thomas.

Men's Hockey

Full Blue: Duncan Jones.

Half Blues: Simon Cunnington, Julian Hart, David Hett, Seb Johnston, Peter Sanders, Simon Wyeth.

Rugby Football

Full Blue: Paul Loxton.

Half Blues: Mike Bundy, Richard Flannagan, Steve Duckworth, Mike Hackett, Tim Jennings, Steve Kennedy, Dai Maggs, Mike Reece, Ted Rose.

Sailing Club

Half Blues: Robert Cook, Richard Thomas.

Swimming Club

Full Blues: Mark Vella, Ray Vella, Gregory Wilcox.

Half Blue: Graham Bell.

RUGBY

When asked to call upon the Muses to aid me in compiling a legal, decent and accurate account of G.H.R.F.C.'s recent expedition to Germany, I must confess that a frisson of apprehension danced the light fantastic up and down my backbone. Not much of the trip, or so it seemed to me, could be classed in the legal and decent vein, so any account would be far from accurate. However allowing for a certain amount of poetic licence, several threats, and offers to buy the negatives I put pen to paper to record in illuminated script a journey more fraught with difficulty than Ulysses' return to Ithaca.

The party assembled in the East Wing at a good hour on 3rd April; some members were very tired and emotional —Mike Hackett was so overcome he collapsed onto one of the minibuses damaging both it and his shoulder. There is no truth in the malicious rumour that he had been indulging in some heavy drinking and the fact that he was in Germany for 48 hours before realising he was not in Camberwell. It must have resulted from the blow on the head.

Reaching Dover proved to be less of a problem than some members had feared. In good humour one or two playful members fashioned a noose and tried to hang Mike Bundy. This served to divert the Townsend Thorenson man checking the tickets—just as well as the ranks of the party had been swollen by the late addition of "Powerful Pierre" Popplewell, itinerant drunk and friend to children and animals. A four-hour boat trip proved interesting, not least to the other passengers who were provided with a one man cabaret show from the Kosher Cowboy—Steve *"can you get this kidney surgeon to Guy's Hospital"* Kennedy.

The trip to Soest (our base) is best forgotten. Paul Chew had celebrated his 21st birthday from London to Zeebrugge in fine style and was becoming boisterous. One bus arrived late that night to be greeted effusively by Capt. David Wilks and the senior Warrant Officer Mr. Waldram.

Designated a "rest day" Friday saw a joyful reunion of the team, the missing half having been sent on their way with the assistance of the German A.A. and Neil Kingdou bowels. A visit to the Mohne Dam found the team in good voice and the guide was treated to a tuneful half-an-hour of the Dambusters March—'nuff said.

Saturday.—The first match saw a tired team take the field against the 3rd Armoured Division. Urged on by an ataxic supporters' club Guy's managed to win a scrappy game aided largely by Richard Moore's prowess with the boot. Unfortunately our hosts entertained us regally and the team set off next day feeling frail. Our hosts had thoughtfully arranged for us to play in a festival competition at Belsen involving us in a minimum of three games of 20 minutes each way. Surveying the shattered mass of humanity masquerading as rugby players on the floor of the changing room Brian Keevil, Captain and leader of men, summoned up the strength to give an oration in the style of Mark Anthony to inspire "his boys". His speech is reproduced in full—"Tactics boys, number one we are going to try and catch the ball, number two we are going to try and pass the ball, and number three for those of you who can balance on one leg, you can have a go at kicking the ball." An emotional moment, to which the team responded magnificently by losing all three games—Merde alors!

A visit was paid to the site of the infamous Nazi concentration camp which saw many members of the squad in a reflective mood on the return trip.

Our numbers had been swelled further by the arrival of a colonial sheep rearer from Barcelona, one Mark Burry. The squad was taken on a tour of the night life of the area by our intrepid liaison officer—a visit to a bowling alley provided some interesting cross cultural exchanges of the "Two World Wars and one World Cup" genre. Other comments included "We beat you English (what about us Welsh?) at your national sport in 1970". "We beat you Germans at yours twice, 1918 and 1945." Many nasty unbalanced accounts are said about the behaviour of rugby teams on tour, stealing things, breaking things and generally upsetting people. Not this team, happily. By the way does anyone want a road sign with a tank on it, a bowling ball, and a slightly soiled chair. Our next port of call was described by our liaison officer as a shadow theatre— well it was very dark and murky. However it gave some of the party a chance to show off their medical expertise. Messrs. Lowey and Kingdou showed a hitherto unrecorded method of gynaecological investigation to an enraptured audience. Who would have thought of using the tongue—sheer brilliance.

Easter Monday also saw the team resting. We visited a valley at Westfalia where much had been restored to give a unique experiment in self-sufficiency with antique equipment. Amongst other things it boasted a bakery, printing press and pulp mill, smithy and brewery. A very pleasant day was spent in the sun resting and soaking up the ethos, at least I think that's what it said on the bottle.

Tuesday.—The jollity quotient of the team was still high although five days of the proverbial "Heavy Drinking" (a clarion call for the tour) had inevitably taken their toll. In the quieter moments the team would soothe Tim Jennings (probably the only man on tour to spend more money on telephone calls to the U.K. than on beer) with haunting love songs. A day with 3rd Division Armoured Field Ambulance local champions of the Munster area was promised. We were greeted by the Colonel who outlined their function and tried to get the more gullible members to sign on for 20 years. We offered Tim Palmer but they wouldn't have him. The Colonel had a further treat in store by arranging to allow us to drive armoured ambulances and recovery vehicles. I felt it was a little strong for someone to say that letting the author and Mark Lowey drive Armoured vehicles was like giving the Stretford End mortars and machine guns; after all we only dented them a little bit.

We kicked off in a hailstorm after a backbone stiffening talk from El Capitano. The cold seemed to reach parts other extremes of temperature can't reach as we scored five tries in a convincing open running display. One small technical hitch—we blew up one of the vans—this meant that we were destined for a long evening. Tim Palmer, drunk again, was persuaded to put his clothes back on at last, and the evening proceeded in a highly convivial fashion (until Tim took his clothes off again). Having only one drivable van half the squad and team for the final game returned to base. The other half remained to entertain the troops with such miracles as turning wine into water (yellow).

The last game—best forgotten—fielding a physically drained side we made some awful mistakes and gave the game away losing by one point to a combined Divisional side.

Our last night was a memorable one. We dined at the Club Beyart, a superb meal loved by all except Dai Maggs who found it a little rich and deposited it liberally over his person and the Barracks; it is suspected that the olive in his martini was off. We finished the evening in the Sergeant's Mess except for Huw Williams who (so he assures me) slightly (his words) under the influence, mistook Gareth Parry for his teddy bear and climbed into bed with him.

A word in retrospect—26 individuals went out on tour and a team came back. No one who went on the tour can seriously doubt that it was instrumental in forging a greater sense of team and club spirit that has been gradually growing over the season. A word too for our hosts. I cannot speak too highly of the hospitality received from the Sergeant's Mess, the efforts of the Colonel and especially Capt. David Wills and his wife Liz.

From our point of view the work of Steve Kennedy stands out like a dead mole in your bed, impossible to ignore even if it is a bit in dubious taste. Anyway Steve we know how much you did—Ta ever so.

The forwards: Gareth Parry, Ted Rose, Inky Neill, Steve Kennedy, Brian Keevil, Jon Beard, Dave McGuckin, Neil Roberts, Dave Lloyd, Paul Chew, "Powerful Pierre" Popplewell, Mark Burry, Tim Palmer, Neil Kingdou.

The backs: Steve Duckworth, Pete Woodhead, Mike Bundy, *Jean-Claude* Moore, Mike Reece, Dai Maggs, Tim Jennings, Andy Girling, Huw Williams.

The Jockstrappers (Supporters): Tim Bryant, Richard Nicholas, Mark Lowey, Mike Hackett.

"We are all of us in the gutter but some of us are looking up at the stars."

THE NEW CROSS COWBOY.

BOAT CLUB

The Summer Term began with a feeling of continued optimism in the Boat Club, with many events and lazy afternoons on the river to look forward to.

Hammersmith was the first regatta of the term, and was found to be something of a stumbling-block; a disappointing outing on the first Wednesday of term spurred the crew on to a strenuous training session on the Saturday morning, and by the time of the race, concentration had flagged sufficiently for Guy's men to lose soundly to Staines and Monmouth in the first round.

A week the following Wednesday, the recently-revived Guy's v. Bart's Race took place. Arguments over the type of start to be used enabled the crews to drift 150 yards downstream before coming forward to row. Guy's fielded one eight against two Bart's crews, their 2nd VIII being of equivalent status to Guy's with their first VIII being the most experienced of the three.

The start was a disaster for Bart's2, losing upwards of two lengths to Guy's who were half a length down on Bart's 1. Rowing at a lower rating, Bart's maintained this lead, with their second crew losing even more water. As Chiswick Bridge approached, a Guy's man (no names mentioned!) lost his seat and Bart's 1 cruised to a two length victory, Bart's 2 finishing a similar distance behind us.

This race was, however, merely an excuse for the customary celebrations afterwards, firstly upstairs at The Moon, Queen's Square, and later at the Mille Piri Restaurant. Vast quantities of ale and pasta were consumed—so many thanks to Pete, Nick and Nigel at Bart's, and to the staff for putting up with us!

This spate of activity continued unabated on Sunday, 11th May, when the Guy's 1st VIII attempted a 50-mile sponsored Row—a very ambitious project for such a relatively inexperienced crew.

We set off at 10.20 a.m., with seats suitably padded, and all moving parts well greased. The first two locks at Richmond and Teddington proved no obstacle, the crew racing the support team (Graham Cook, Gail Loveday, Jane Legg, and Club President, Mr. Mansie) in hired Fiat, to each one. Many thanks are due to Mr. Mansie for his considerable help and support during the organisation and running of the row, and the support crew in particular were very grateful of his presence.

The stretch above Teddington proved most difficult, rowing both upstream and downstream, and Molesey lock provided welcome relief. It was about this time, that cox, Tim Zilkha, assumed a new role as disc jockey, his rowing commands being interspersed with blasts from a transistor radio, played over the boat's speaker system. "Puppet on a String" was a great motivator, and the crew stormed on to Sunbury lock, 15½ miles out of Chiswick.

The locks now became progressively more congested with pleasure cruisers, it being one of the hottest days in May, and the seven miles to the other side of Chertsey lock took two hours to complete. After a discussion over "lunch"

Most of the crew outside the boathouse before the Row.
L.R.: Roger Matthews, Tim Johnson, Mr. Mansie (Boat Club President), Tim Zilkha, Steve Smith, Bruce Irving, Richard Johnston.

The crew about to set off:
L.R.: Tim Zilkha, Chris Newson, Richard Johnston, Bruce Irving, Roger Matthews, Andrew Wood, Steve Smith, Tim Johnson.

at 3 o'clock, we decided to row the two miles to Penton Hook lock and turn round; although this was two miles short of Runnymede, the original target, the extra distance would have entailed passing through four more locks, adding over two hours to a very tight schedule.

Leaving the support crew at Chertsey we paddled back solo to Molesey, the boat now half full of water thanks to over-enthusiastic weekend sailors. It was a credit to the stamina of the crew that the timing and balance were retained to such a great degree after 35 miles of rowing.

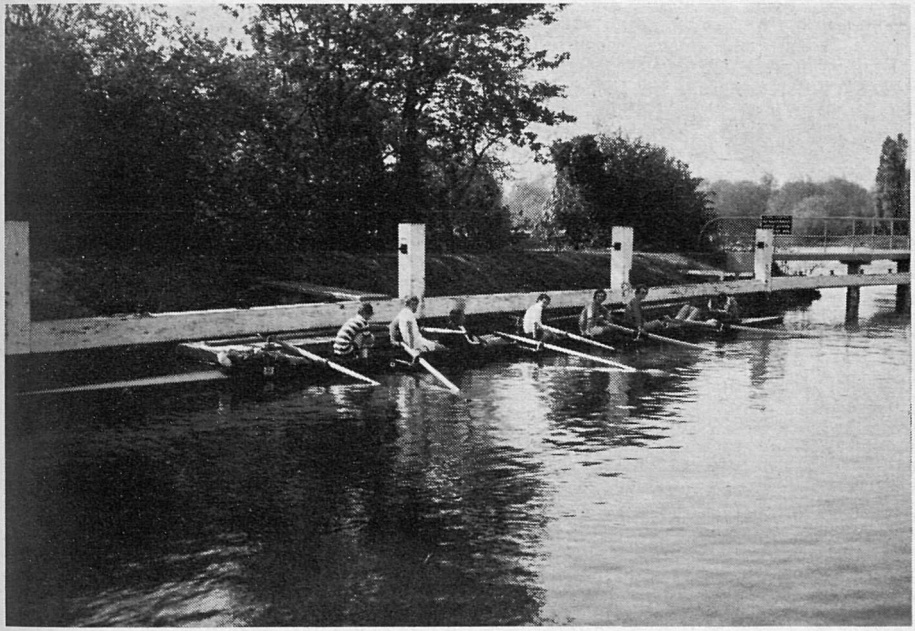
The Molesey-Teddington stretch was a real test of endurance, unrelieved even by Tony Blackburn's Top 40, and, at this stage, the now-depleted support of Graham Cook and Gail Loveday performed miracles, helping to keep our morale up at each lock.

Tea was taken 3½ miles out at Richmond, and with the Boat House in sight, we sprinted the last mile to complete our 49 mile outing. The whole event took 10½ hours, 40 per cent of which was spent at locks.

Many thanks to all who contributed to make the Row a financial success (profits going towards a desperately needed cased IV) in particular the Medical Defence Union and Guinness who provided liquid refreshment for the crew (!), and to Mr. Bompas for his great help and encouragement throughout.

Crew for all above events: Bow, T. Johnson; 2, S. Smith; 3, B. Irving; 4, R. Johnston; 5, S. Ward; 6, A. Wood; 7, R. Matthews. Stroke, C. Newson; Cox, T. Zilkha.

Simon Ward



Waiting outside Chertsey Lock just after turning; 26½ miles gone!

L.R.: Tim Johnson (lying) Steve Smith, Bruce Irving, Richard Johnston, Simon Ward, Andrew Wood, Roger Matthews, Chris Newson (lying), Tim Zilkha.

Guy's Hospital Football Club tour of Germany 1980

For the second year running the soccer club was fortunate enough to enjoy an Easter tour of Germany.

A minibus left Guy's around 7.30 a.m. on Good Friday. A touring party of fifteen included Supersub John Bagley who had his arm twisted at the last moment. Taking the hovercraft to Calais we arrived in Germany nine hours later.

The tour schedule began with a hard game against the British Army. Despite losing 5–0, Guy's played well but had only themselves to blame as defensive errors let the forces side dominate. A hastily arranged second game against the Territorial Army allowed a few reserve players their first game of the tour. A splendidly taken goal by Keith Underwood left Guy's level at the interval. An all too familiar pattern emerged in the second half and Guy's presented the T.A. side with chances on a plate 4–1 was a fair result.

The main game of the tour was played against a very strong RAF Germany. In front of a large crowd the game began at a famous pace. Robin Evans with three outstanding saves kept Guy's in the game. Dave Cheshire combined well with 'shaggy Mod' to cause the RAF defence some headaches around their own goal area. Under constant siege Guy's finally gave way and the floodgates opened. 9–0. It's not often a side can lose by such a margin and walk off the field with pride. The RAF side had lost narrowly to one Borussia Monchengladbach only a few weeks before.

The final game against the Dutch RAF needs no mention as much as to say the match took place the day after the last night of the tour.

Apart from the football played we enjoyed the luxury of good food combined with essential sundries at astonishingly low prices. Visits were made to Bonn, Cologne and Monchengladbach on the days off. Dave Cheshire displayed his talent for flower arranging in discos and Dennis Kinsella found the German food no match for his appetite. Dave Greenaway among other things managed to tie up his shoelaces more than once in a 'Gay bar'. Mick Corlett entertained the masses with his sharp wit but also Colin Tidy didn't produce the contents of his abdomen throughout the whole week. Jon Exelby, never one to let his mates down, supplied the goods on the night we dealt a savage blow to Tonbridge Rugger Club's pride by beating them at darts and drinking. In a week where 'green monster' became a legend, Nick Cowland never had anything but money through his trusty hands. Keith Underwood kept the place clean by washing the decks down each night. Finally who could forget Marcia Batterbury and Bob Bond in their drunken exploits on the dance floor.

All those who went on tour would like to thank their newly found friends at RAF Rheindalen and the RAF Hospital for their marvellous hospitality throughout the week. Special thanks go to Wing Co. Jimmy Miller for making the tour possible.

In conclusion we must thank both Dave Smalley and Mike Breeze for all their hard work in arranging the tour. Perhaps Dave Smalley may find it useful to learn the workings of the twenty four hour clock. N.B. John Bagley wishes to thank those gentlemen who returned him home after his trip into the unknown.

Touring Party Smalley, Underwood, Greenaway, Evans, Batterbury, Corlett, Bond, Cowland, Exelby, Bagley, Tidy, Robinson, Cheshire, Black, Kinsella.

STEVE ROBINSON.

TORBAY 1980 THIRTIETH ANNUAL EASTER HOCKEY FESTIVAL

The Spirochaetes had a very successful (we drew a match), and enjoyable return to Paignton which we now hope will be an annual event.

The tour started in a very depressing fashion having to spend 1¾hrs. getting through the traditional pre-bank holiday London traffic jam but once on the open road it was all plain sailing! The rest of the journey down was uneventful apart from a short refreshment stop in Mere where Andy "I know there's a good hotel around here somewhere" Lawson redeemed himself and found his hotel albeit if the name had changed.

We arrived at our hotel after eleven—consequently no pubs open, so after introducing ourselves to the landlady we adjourned for a late night card session where (as if by magic) a bottle of whisky appeared. Julian "Can you surf soldier" Hart revealed his amorous exploits from his hitch-hiking journey earlier in the day with a very "lovely" "man" he had found!

On Friday morning no breakfasts, were jettisoned and so a visit to Woolworths to purchase silly specs, water pistols and other essential necessities of a touring hockey team were purchased.

Napalm Hart being his usual large self produced a super duper splotcher (?Ed.). The opening ceremony at Victoria Park was followed by our first fixture at Churston v. The Stragglers an old enemy from the previous year. The Spiros played surprisingly well but I suppose with a peg leg in goal you *must* expect to give goals away, and two dribblers went in from short corners. The final result of 4–1 against was no reflection of our play and even our sound opponents admitted that. Alan the captain of the "oppo" after his usual Thursday night binge gave a solo performance of the—Bertram—on the side of the pitch, and our traditional Sunday night meeting was arranged.

The afternoon saw our best performance of the whole tour against the Chieftains at Broadsands all-weather pitch. Against a far superior side in skill we held our own and at one all the new image Spiros hockey roused some vociferous support from some local onlookers—the oddfellows we think. However after upsetting the umpire regarding certain offences she had not spotted they had to leave—or she would have. Anyway the Spiros took the lead and on the open expanses of a very flat surface good controlled hockey was played! At half time two all was a very fair result, but continued pressure in the second half produced a goal for the Chieftains and but for a pathetic attempt at a P flick by our resident Albino brillo pad it would have been 3 all.

The final result was 4–2 but was a reflection of a very unlucky Spiros side. Mike Craigen unanimously look "TT" or newly elected **** of the match!! for stopping a short corner on the line and then doing a reverse slick flick into his own net!!

The highlight of the afternoon, however, was the visit to the go-cart circuit where everyone had a very enjoyable time and we even avoided being asked to leave (or run anybody over) unlike last year.

In the evening we visited "The Old Ship Inn" after a hard day at sea, via the "Dive Bar". The Ship, rather a touristy pub, didn't seem to mind the rather vociferous combined forces of the Spiros and Lancets and the competition which ensued between the two factions to see who could sing the loudest was *even* slightly muffled by the surrounding audience. "Napalm" Hart made the mistake of mentioning that anyone who sang the 13th verse of the 12 days of syphilis had to buy the said residents a pint of beer—as there was only one of him and ten of us 10 pints appeared and consequently Napalm's "shades" were seen disappearing to the toilet and even later busily unblocking the sink with a piece of wire!!

The pubs closed, it was time to head for Dave and Sues Belvedere Hotel where we were made extremely welcome unfortunatedly the very late hour that we kept this night was to take its toll. The morning saw only one casualty—John "Greeeat" Wilde looking rather pale and without his usual paedophillic smirk parted with his breakfast.

11.30 was the time; Victoria Park the place; 12–0 the score—this was undoubtedly the lowest point of the tour and in no way reflected the rest of our play. In the White Lions we met reasonable opposition but the general low ebb in the side prevented the usual high spirits and hard effort.

For our lunch time solace we visited a hotel in Totnes where we were all in low spirits but cheered up by the arrival of a rugby side who in one of their several free days on tour were drinking themselves stupid, and behaving in the most pathetic manner possible—but what else do you expect of rugby players??

Determined to redeem ourselves in the afternoon, we went on to Torquay to play the seven-siders. With a much better performance we went down 3–0 but the match without particular incident did a lot to raise the morale in the side!

Saturday night was the Mayor's reception and cocktail party which only captains and secretaries attend but the magnificent surroundings of the Oldway Mansion is a superb experience and not to be missed by future generations.

The main entertainment is at the Victoria and Albert Hotel in the back of beyond where the 71st Lancets hold their A.G.M. and one of the local residents was heard to remark of the special occasion as, "all those idiots from Guy's are coming down again"—must be *love*. Following the A.G.M. much singing and ado with various frivolities. After consumption of much ale the the traditional call for a performance from a certain unnamed artist was rejected despite vociferous abuse. Fortunately his deputy performed and was even allowed to finish by the landlord who must be used to this annual event. The evening was incomplete without a rendition of the 1970 Golden mile and calls for Honou Gratin rang through the eaves—he didn't win, then again he never does.

Back to the Belvedere and many games of clap clap, etc. etc. saw "Peg" Broughton sleeping quietly in the corner—hugging a "chair"!! Several of the Lancets were flagging at this stage and a certain unnamed person (JT is a small clue) gave magnificent performance of projectile vomiting into 5 separate pint glasses, while others preferred the convenience of the floor (L.J.B.). Having played four games, several of our number were eligible for an initiation, which cannot go without mention—Sakphal (got the spelling right) gave a very good performance, however Nick "Dozy" Harper—we really do believe he only has two newones connected by a Spirochaete—couldn't even remember the national anthem. Peg was so unconscious he couldn't even remember singing his song—neither could we.

Returning to our residence which is a mile walk along the sea front the plot was hatched to throw Andy Lawson **** of the tour (no clues needed) into the sea and as we carried him out he got more and more irate which made us more and more determined to throw him in—but we didn't and he left on Sunday!

All attempts to keep the troops quiet late at night after previous encounters with landladys (anyone remember Teneriffe guest house) failed miserably when we found "TT" Craigen and "Greeaat" Wilde in bed and an open warfare. water pistol fight ensued and ended in John and Hamish sleeping together—he tried to tell us his bed was wet!

Sunday morning was free so we played mini golf where the renowned fame of one player who shall remain nameless (Alex Williams) easily overcame rather weak opposition who found it necessary to chip back into bounds on several occasions.

At lunchtime we visited the Waterman's Arms a very picturesque little pub situated by a small river with an island to which we all waded out (except Albino brillo pad) and sang to our audience who sat on the bank.

We were expecting a large defeat in the afternoon against the Faereys as we had seen them playing before but played well to keep the score to 3–0 and were indebted to the loan of one of their players who was a bit of a latent star.

We stayed behind to watch our old rivals the White Lions and provided more entertainment for the crowd with some banter to the players. Who can ever forget "ample shots," Big John Trumper and "Shades".

Sunday night it was decided was the time for a team curry and four brave chaps had Vindaloos as, if they needed any catalyst to their flatulence particularly faster team "Peg".

Invited to have drink with The Stragglers in Torquay we had a very enjoyable evening. Mike TT Craigen proved the validity of his title by drinking a pint in his right hand at initiation but gave a very good performance in his song and we left with our newly learned Spiros song.

Thankfully we were allowed back to the Belvedere and one of the most enjoyable games of clap clap ensued where we had all the residents up until half past 3 enthralled with all the idiosyncracies of our games and our team fool Napalm Hart.

Monday morning was our big hope for victory as were playing the Lancets even though they had tried to wreck our chances by sending their non playing ASPAS, CHELATIS to drink us under the table the night before—they didn't thanks to a magnificent effort by Sakphal to out drink Pope. Also they infiltrated two Ringers from the oddfellows and the result of 0–0 was a fair result.

Many of the Spiros were by now flagging after a very hard weekend and unanimously the last match was cancelled and we headed for home to beat the worst of the traffic.

Thanks to all the players for coming and to Ralph and June at the Amaryllis for their hospitality!

SORIPS.

GUY'S HOSPITAL SQUASH RACKETS CLUB

INTER-HOSPITAL CUP WINNERS

1979 and 1980

Guy's went to meet St. Thomas' Hospital as holders of the cup for last year and runners-up the year before. To reach the final they beat the London Hospital 5—0 in the semi-final.

The final was held at St. Mary's Hospital and Thomas's were fielding a strong team, the rules of the cup being stretched a little! Guy's fielded a similar team to last year and also had strong reserves.

The first match was Ray Sharp against the Thomas' No. 1, an ex-Scottish international. Ray soon dominated the game, his speed allowing the ex-international no time to think, and won 3—0.

Roger Lewis playing as a strong five, was always in control in spite of his opponent gaining one game and won 3—1.

Playing No. 2 Colin Holden had a long struggle and in spite of being 2—1 and 7—4 down in the fourth managed to win 3—2.

Dave Taube, the newcomer to the team, had a tougher match than expected at No. 4 but eventually his superior ability brought him through to win 3—1.

Dave Webber playing against St. Thomas' dubious No. 3 had by far the toughest match but in spite of very close games eventually lost 3—1.

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Jafar Hossin, MB (Physiology)

DOCTOR OF PHILOSOPHY
Medicine

Bakir, S. M. (Clinical Physiology)
El-Nashar, A. M. (Anatomy)
Wooley, P. H. [Immunogenetics (Pathology)]

Science

Baxter, D. (Insulin Receptors in Obesity)

MASTER OF SCIENCE IN THE FACULTY OF MEDICINE
Human Communication

Cook, F. M.
Lynn, H.
Jackson, M. B.
Spunde, J. L.

CAZENOVE MEDALS 1979/80

Cazenove Gold Medal: Miss Deborah Mary Louise Cliff.

Cazenove Silver Medal: Miss Julie Anne Griffiths.
Cazenove Bronze Medal: Mrs. Judith Margaret Hill (*née Harrison*).

BIRTHS

BAYLIS—to Timothy and Jillian, a daughter, Frances Anne on March 25th, 1980.

WHITE—To John and Joanna (née Bromley) of 288 Woburn Avenue, Toronto, Canada, on 13th March, 1980, an 8¼ lbs. son, Rupert John, brother for Morwenna.

DEATHS

JOHNSON—Walter James, M.R.C.S., L.R.C.P On October 18th, 1979, peacefully at the home of his son, Dr. Paul Johnson. Walter James Johnson, M.R.C.S., L.R.C.P., of Great Witley, Worcester.

OLIVER—Edith (née Howard), age 92 years. Probationer at Guy's 1908–11. Mother of Margaret Goulder (née Oliver), S.R.N., of 6 Victoria Road, Diss, Norfolk.

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Guy's Hospital Gazette

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Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

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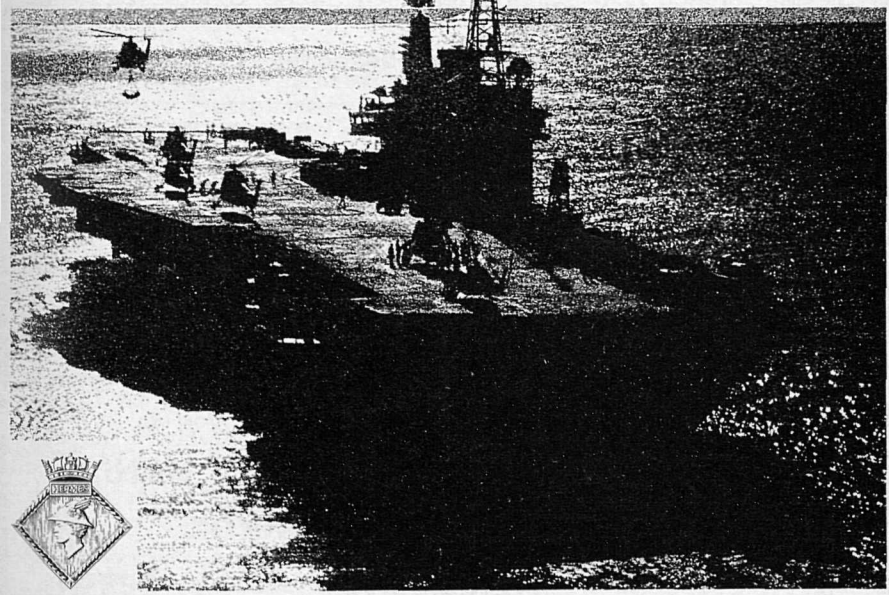

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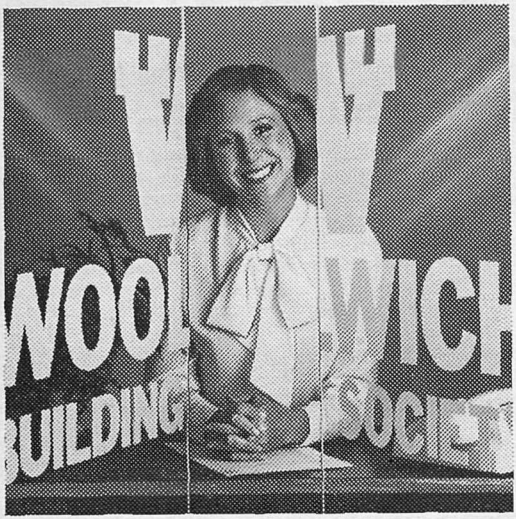

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

	Page
PASSIM	229
NEWS IN BRIEF	230
OBITUARIES	
Gavin Thurston	236
Professor Daly	237
N. M. Holloway	238
CLUBS' UNION NEWS	238
THE ROYAL VISIT TO THAMESMEAD by Betty Shering	240
SHERLOCK HOLMES & DR. WATSON (PART II) by Maurice Campbell	243
SUMMER FESTIVAL SNAPS	247
A NEW ART CLUB AT GUY'S by Matteo Adinolfi	249
AMSTERDAM! by Sarah Evans	250
THE PRELIMINARY YEAR WAKE by Tim Lancaster	252
NURSING	255
PHYSIOTHERAPY	256
BOOK REVIEWS	257
CORRESPONDENCE	262
SPORT	264
HOSPITAL INFORMATION	267

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Passim

Flowers Delayed

The University of London decision upon the recommendations of the Flowers Committee has been postponed until October. Although, as we mentioned in March, it is essential for the proposals to receive due consideration, the postponement would seem perverse and totally unnecessary. A considerable amount of time has been already provided —and there has been enough printed matter outlining the deliberations of the various committees and sub-committees (and the submissions thereto) to founder a battleship. This postponement betrays indecisiveness within the University, which has publicly stated that cuts must be made, and also show a distressing lack of communication between the various bodies advising upon the matter. A chronological analysis is given by Miss Brooke in Clubs' Union News (p. 238), and to avoid repetition we shall content ourselves with observing that it seems somewhat eccentric for any non-statutory advisory committee to ignore a decision made by the Joint Medical Advisory committee, consisting of the medical Deans and the Heads of the relevant Boards of Studies—who, after all, are the people who know about medicine in London. There should be greater communication through *official* channels and one wonders how much money has been wasted by the postponement!

Guy's Entertainment

As was mentioned last month, this seems to be a subject about which positive information is at a premium. Sport apart, some clubs have been functioning very successfully this year. The Music Club has held regular recitals, the Theatre Club three successful productions, the Quodlibet two meetings with eminent speakers, and the Issues in Health Group has also been very active. Nevertheless, the Pupils' Physical Society, the Film Society, and the Gilbert and Sullivan Society seem to have become moribund. Even 'Tablet', the student rag, has been very infrequent and lacking in content.

Is this due to a general lack of interest by Guy's students—a 'universal' apathy, or is there a central source of this complaint? The continuing success of the sports clubs (note especially the Cricket Club who are in the Finals of the U.H. Cup) and of the attendances obtained at the meeting of the active clubs—some of which occurred in the middle of examination period—would suggest a central origin. The Clubs' Union has consistently failed to provide a central organising force. Excluding Rag Week (of which several of the organisers were not on Clubs' Union Council), and the Summer Festival (likewise), there has been a devastating lack of Clubs' Union entertainment in both Easter and Summer terms—and even less in the holidays when many are still here! No hops, irregular Inflams, and about two organised bands of indifferent quality who were poorly publicised. The Union Shop has been shut several times, and, even more disconcerting, the Bar has been shut several times because of 'lack of Bar Staff'—although why so few people are on the Bar Staff list remains unintelligible to many experienced observers, and has roused the ire of at least one past editor of the *Gazette!* (New developments barwise to be fulminated upon next month.)

Suggestions that members of the Clubs' Union Council are having examinations do not hold water. One of the reasons for having such a greatly increased Council was to obviate this; another was to increase feedback from all years. It seems deplorable, therefore, that examinations have caused (or are being used as an excuse for causing) such disruptions, and that there seems to be such a lack of empathy with the requirements of the student body.

This has culminated in the fiasco of the Summer "Rose Ball", which was badly timed, over-priced (at £11 per head), and obviously not properly thought out—as only 31 tickets (we understand) were sold. In an attempt to recoup some of the losses of the cancellation (rumoured to be in the order of £150), a last-minute, poorly publicised, appallingly timed and over-priced dance was held in the Ballroom, which was attended by about fifteen people (although this may be an exaggeration!) Such a fiasco must make a laughing stock of the Clubs' Union were it not so pitiable; and, alas, it is unlikely that there will be any improvement before Freshers' Week. *Hiatus valde deflendus . . .*

News in Brief

M.B. B.S. Results, June 1980

Preliminary figures of the pass rates are shown below (these figures are for Schools whose examinations are not wholely School-based).

Candidates entered for Parts V–VIII

School	Candidates	Passed	% Pass	Cands. with Distinction	% Distinction
KCHMS	65	61	93.8	3	4.6
St. Thomas's	60	52	86.7	3	5
Charing X	101	79	78.2	3	2.9
Guy's	*112*	*108*	*96.4*	*10*	*8.9*
Westminster	56	46	82	3	5.3

The distinctions awarded at Guy's are as follows:

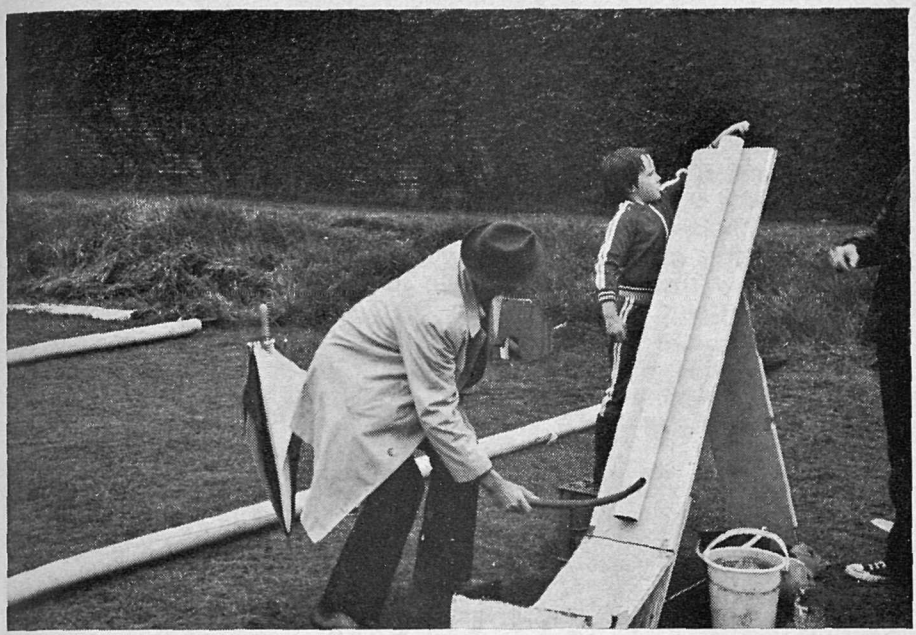
Distinctions: 10 students

1 in Pathology, Medicine and Surgery
1 in Pathology, Medicine
3 in Pathology only
2 in Medicine only
1 in Clinical Pharmacology
1 in Surgery
1 in Obstetrics and Gynaecology

Ronnie MacKeith Ward

William Little Ward (Guy's Tower, Floor 10) has been renamed Ronnie MacKeith Ward in recognition of the late Dr. MacKeith's outstanding contributions to the fields of Development Paediatrics and Neurology.

Gazette Caption Competition



The Chairman of the *Gazette* Committee offers a prize for the best caption to the above photograph (at least one of the "boys" in the photograph must also be correctly identified).

200 Club Prize Draw

	1st Prize £15	2nd Prize £10	3rd Prize £5	Booby Prize— Novelty Gift plus £1 Record Token
November	76 T. Cronin	37 A. Gwyn-Jones	46 A. Burt	51 Dai Maggs
December	27 T. L. T. Lewis	44 S. Challacombe	25 C. H. Kinder	74 C. Donnovan
January	73 Dai Maggs	2 Nigel Poole	34 Simon Fletcher	26 Dr. P. J. Helliwell
February	29 Prof. Anderson	39 J. Bailey	30 D. F. Howard	61 L. H. Williams
March	4 S. Duckworth	54 W. Beare	53 J. Baker	5 A. Nicholas
April	12 H. Dunhill	11 R. B. Johns	72 M. Lowey	62 Mr. F. Ellis

May Draw at Rugby Club Ball

1st, £30: 71—M. Reece. 2nd, £20: 4—S. Duckworth. 3rd, £10: 44—S. Challacombe. 4th, £8: 55—P. Davenport.

3 x £5 Record Tokens: 52—R. S. Wells; 1—John Piper; 18—B. J. Markworth. 2 x £1 Record Tokens: 33—T. J. Gibson; 60—R. Flannagan.

Guy's Men in the Home Guard

We thank Mr. Peter Campion (Guy's 1945) for sending us a photo of B Company, 22nd Battalion, Royal West Kent Home Guard at their final parade before the Mayor and Corporation of Tunbridge Wells. There were three hundred and seventy Guy's men in the same unit and there are many recognisable faces in the photograph (including Prof. G. A. D. Haslewood, Dr. John Kilby, Dr. Terrance Finnegan, Dr. Daniel Cullingford).

Mr. Campion (at the front) asked if there were any similarity between the Company and "Dad's Army"!

Herbert Russell

Our congratulations to Dr. Herbert Russell on receiving the Joslin medal of the British Diabetic Association in March. Within a short time of entering Guy's as a student in 1927 his health deteriorated and finally diabetes was diagnosed. The award is in recognition of the fortitude and discipline demonstrated by Dr. Russell in refusing to allow the disease to prevent his vocation.

Junior Lecturer (Demonstrator) in the Anatomy Department

Applications are invited for the post of Junior Lecturer (Demonstrator) in the Anatomy Department for one year from 1st October, 1980. Salary will be in the range of £6,094–£7,410 per annum (under review) plus £740 London Allowance.

Application forms may be obtained from and should be returned to the Dean, Guy's Hospital Medical School. Closing date for applications is 22nd August, 1980.

Mrs. Fiona M. Turner, M.C.S.P., Dip.T.P.

Mrs. Fiona Turner, formerly a teacher in the Guy's School of Physiotherapy, has been awarded the Diploma in Biomechanics at the University of Surrey and is to proceed to an M.Phil. course. She was awarded a D.H.S.S. Remedial Professions Research Fellowship in 1979. The other two physiotherapists on the course with her are going on from the Diploma to an M.Sc.

Guy's flies

Photo: David Scrutton.

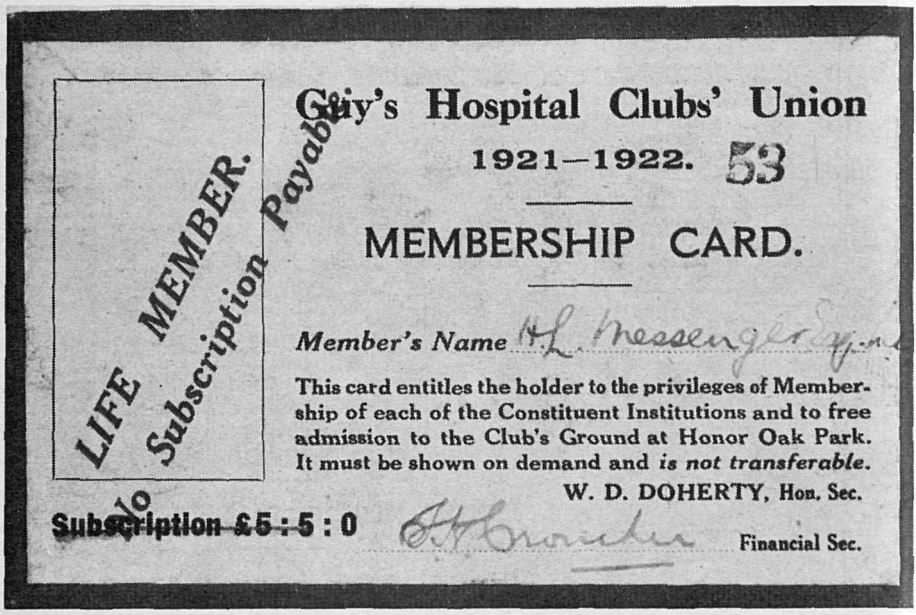
Not a new residence for flying pickets, but a Portakabin being repositioned next to the Tower, with the Great Maze Pond and Hunt's House in the background.

C. W. Banks

Compliments to C. W. Banks, F.R.C.S., F.R.C.O.G. on his recent election to the Fellowship of the Royal College of Obstetricians and Gynaecologists.

From the Move

Another interesting find during the *Gazette* move is shown below. It should be noted that the membership fee for the year 1921/22 was five guineas. This year (1979/80) the equivalent is £35, and this will be rising to £44 for 1980/81!



Guy's achievements at the World Medical Games

Amongst the 3,000 people who participated in the World Medical Games and International Sports Symposium, held between June 7th–14th, 1980, the following Guy's men and women were successful:

Miss Lynne Burr (student dental surgery assistant) who won a cup for the Best Woman Swimmer (together with two gold and three silver medals);

Dr. Robin Salmon (Guy's, 1957) who won a silver medal in the 5,000 metres and a bronze medal in the 1,500 metres;

Dr. Jonathan Shellin who came sixth in the small bore pistol competition.

Our congratulations to the above—vive le sport!

G. D. Calver, M.B., B.S.

Our congratulations to Dr. Gary Calver upon his qualification this June, shortly after his retirement as Sports Editor. Gary was appointed in May 1979, and for a year produced vast amounts of Sports news—so much so that at times he threatened to take over the whole journal. This resulted in some banter with the Editors (the bearded dynamic duo being succeeded by Laurel and Hardy), since they did not allow this to happen! Gary has done a superb job, as the past year's Sport bears witness, and the *Gazette* wishes him every success for the future.

P. J. Razzell, B.Sc.(Hons.), M.B., B.S., M.R.C.S., L.R.C.P.

Congratulations to Phil Razzell (Editor until 31/12/79) on his qualification this June. (See Appreciation January 1980, page 7).

C. J. H. Tunnadine

The *Gazette* is pleased to welcome Mr. C. J. H. Tunnadine to the post of Sports Editor. Charlie has been distinguished in several sports at Guy's (including being Captain of Cricket in 1979), and has already proved himself as locum Sports Ed. in January and February.

This Month's Cover

The cover shows a portrait of E. H. Lushington, Esq., once Governor and Treasurer of the Hospital. Amongst the projects which he carried through we noted the following:

(1) the reform of the Nursing system;

(2) the conception of the College, Clubs' Union and Athletic Ground; and

(3) the setting up of the Dental School.

We feel sure that a man of such enterprise (and stern expression) would have been of great service nowadays to Guy's and would give pause to Lords Arran and Flowers.

Dates from the Medical Diary

July

Fri. 25 Schedules for the Final Conjoint Examination in September must be left in the Medical School Office not later than this date.

August

Fri. 1 Entries close for Final M.B., B.S. (Old Regulations) Examinations.

Fri. 8 Entries close for Preliminary Examination for Studies in Medical Subjects.

Fri. 22 Entry forms for M.B., B.S. (Revised Regulations) Examinations in November must be left in the Medical School Office not later than this date.

Mon. 25 BANK HOLIDAY—Medical School Office closed.

Tues. 26 Entries close for final Conjoint Examination in September.

Dates from the Dental Diary

August

Mon. 4 Applications close for the Final L.D.S. Examination, Part II Dental Prosthetics).

Fri. 8 Entries close for Preliminary Examination for Studies in Medical Subjects.

Mon. 11 Applications close for the Final L.D.S. Examination, Parts I and III.

Mon. 11 Applications for the First L.D.S. Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Fri. 22 Entries close for the Final Year Prize Examination.

Mon. 25 BANK HOLIDAY—Medical School Office closed.

Tues. 26, Wed. 27, Thur. 28 *STUDENTS BEGINNING THE CLINICAL PERIOD OF STUDY COMMENCE WORK.*

Obituary

Gavin Thurston, C.B.E., F.R.C.P., F.R.C.G.P., D.C.H., D.U.J., Barrister

When he qualified from Guy's Hospital in 1935, he had no inclination to any branch of law, and went from "house" appointments into general practice at Brentwood in Essex, where he remained until the 1939–45 War engulfed him. He served in the R.A.M.C. in India and N.W. Europe reaching the specialist rank of Lt.-Colonel.

On his return to practice he fell under the influence of the Metropolitan Essex Coroner, Dr. P. B. Skeels, an older Guy's man, who had been a City Solicitor before gaining L.M.S.S.A., and through him was apprenticed to the only man whose influence and patronage was a *sine qua non* to London Coronership at that time—Bentley, later Sir William Bentley Purchase. Coroners had then—as now—no formal training but did a pupillage "in Chambers" by attending a Coroner's practice in Court. Gavin read Law and was admitted to the Bar from the Inner Temple. Bentley Purchase then edited the Coroners' vade mecum "Jervis", and as Secretary to the Coroners' Society, was a mine of information on the practice of coronership and a colourful teacher of the profession. Gavin rapidly gained authority, and with his Bar and M.R.C.P. qualifications fell easily into the next London vacancy—West, later Inner West London, with headquarters at Westminster—upon the death of Neville Stafford.

He served in that Office for some 25 years with a quiet authority and dignity, taking his responsibilities with decision and giving satisfaction to a long stream of lawyers, hospital administrators, doctors, pathologists and others in his Court sittings, and entire satisfaction to the thousands of the public who, often in very disturbed states of emotion and grief, experienced his kindly consideration and firm, yet

never inconsiderate verdicts. Thurston never used his position to bully or browbeat anyone; it was not in his nature, for he was a tolerant amiable man, anxious to understand his fellows and what motivated them. He had the respect of his Officers—and also their affection, a combination not achieved by everyone.

He became successively Secretary to the Coroners' Society (and was a constant source of guidance on Coronership problems to his fellows) and in his turn its President. He was proud of election to Fellowships of the College of Physicians and of General Practitioners . . . unusual to a Coroner, and enjoyed Presidency of the Medico-Legal Society. He was made C.B.E. in 1966. In 1976 he wrote an authoritative guide to Coronership and parts of Jervis, and later also of Holsbury's Laws of England. He liked writing, finding time to record, in two further books, accounts of The Great Thames Disaster and The Clerkenwell Riot.

During his time at Westminster Thurston inquired into many "famous cases"—Hamilton Fairley and Airey Neave in the recent bomb outrages, Lord Lucan's crime, Hart the Bank murder, Freddy Mills' suicide, Epstein, Adlai Stevenson—and among theatrical "figures" Judy Garland, Keith Moon, Mama Cass, Jimi Hendrix, Stephen Ward and others . . . all quietly, evading publicity, and with dignity. Gavin Thurston brought much credit to the practice of coronership, and his going, sadly at the very moment of his natural retirement, will be a source of deep regret to both Law and Medicine.

His family life afforded him a relaxation he plainly enjoyed, and though tragically losing his first wife in a street accident whilst on holiday in the West Country, he married not long after, a charming and talented doctor statistician (who was also L.R.A.M.) who restored his naturally buoyant spirits and contented social relationships with colleagues and friends that was so much a part of the man.

A Memorial service will be held in Guy's Hospital Chapel on July 20th.

C. K. S.

Professor J. R. Daly

Professor John Richard Daly, first occupant of the Chair of Chemical Pathology at the University of Manchester and Honorary Consultant Chemical Pathologist at Hope Hospital, Salford died on 7 April, after a short illness at the age of 49.

After graduating from Guy's, his major contributions were in the field of endocrinology with important studies of the physiology and pathology of the adrenal glands. He played a major part in the development of a highly sensitive method for assay of the pituitary hormone ACTH.

A gifted teacher, he was an extremely sensitive and kind man with a keen sense of humour, much loved by all who worked with him or who studied under him. He was, too, a cultured man with a great love for the arts and music. He had been in post in Manchester barely three years at the time of his death but he had already been successful in building up the new University Department and had established a highly regarded research programme and pathology service.

He bore his last illness with fortitude and is survived by his wife and five children.

N. M. Holloway, L.D.S., R.C.S.

Norman Holloway, who died on 12th May 1980, entered Guy's in 1920 from Epsom College, where he had already distinguished himself at football and boxing. He continued to do so at Guy's and in his first year was in the A XV, but he did play one game as a reserve against Cardiff at the Arms Park in 1922 where Guy's won 10–8. Norman told me how he overtook a breakaway Cardiff man and tackled him on the Guy's 25! He was in the 1st XV from 1922–25 and helped to win the Hospital Cup in 1923 and 1925. These were the great days of George Doherty. As well as a Blue for Rugger and playing for Eastern Counties he got a blue for boxing, and on one occasion boxed an American Rhodes Scholar who had fought a charity bout with Jack Dempsey!

He qualified in 1924 and was Dental House Surgeon for six months from 1 December 1924. After an assistantship at Wisbech he took over his deceased father's practice in Southend-on-Sea. This practice grew continuously until he had three partners. They have all told me how much they learned from Norman of dental technique and the handling of patients. From 1926 he was Dental Surgeon and later Consultant to the Southend Victoria Hospital—which later became Southend General Hospital. He was on the Southend-on-Sea Group Hospital Management Committee and also the North East Thames Regional Board. He retired from all these posts in 1963 and from general practice in 1970.

Norman was most highly esteemed in Southend by both the dental and medical professions. I visited him during his terminal illness—and he loved to talk over old times. He told me that he considered that the self-reliance that football and boxing had developed in him had enabled him to tackle many difficult dental procedures with confidence. He bore his illness with the greatest courage and dignity—and he was nursed with devoted care by his wife Barbara and his daughter Ann. To them, his many friends and patients extend their sincerest sympathy.

J. G. W.

Clubs' Union News

The deliberations provoked by the report of the Flowers Committee are continuing. The Joint Medical Advisory Committee, a Sub-Committee of the Collegiate and Academic Councils of the University of London (consisting of the Deans of the Medical Schools and the Chairmen of the relevant Boards of Studies) met during June to vote on a package of compromises arrived at by discussion following the recommendations of the report. The proposals included the following and were decided by secret ballots:—

1. That St. Mary's Hospital Medical School and the Hammersmith Hospital should merge. (Lost.)
2. That preclinical teaching should continue at King's College in the Strand. (Lost.)

3. That the Westminster Hospital Medical School, possibly housing the Institutes of Dermatology and Laryngology, should merge with another School so that undergraduate and postgraduate teaching would continue at the Westminster Hospital —thus using their remaining facilities. (Carried.)

Proposal number 2 directly affects the future of the three Medical Schools in the South-East Thames Region. The Flowers Committee recommended that, in an attempt to economise, the preclinical course of one of these Schools should close. Both Guy's and St. Thomas's offer a course with clinical integration; students at King's College in the Strand meet students from other disciplines, although divorced from contact with patients. Consequently, the decision upon which preclinical School to close becomes a question of priorities: patient contact or multi-faculty education? The Flowers Committee decided that a clinical commitment was more important and recommended that preclinical teaching at King's College should cease, and be expanded at Guy's and St. Thomas's. This was the view taken by the Joint Medical Advisory Committee.

However, the Joint Planning Committee (which exists to advise the Senate and the Court of the University upon matters of policy, and has few medical members) subsequently reversed this decision, voting in favour of King's retaining its preclinical School. The Medical Advisory Committee are now considering the consequences of continuing preclinical teaching at the Strand, if this were to happen; no final decisions will be taken until October.

June was a sobering month in other aspects, too, with the social life at Guy's almost totally paralysed by examination fever. The usual student haunts were deserted; there were ample wheatmeal rolls in the Spit and even enough glasses in the Bar. Sociable souls who revise supine on the grass in the Park were driven away by rain and those ultimate corners of activity, the Union Shop and the Bar, were forced to close because of staff shortages.

Consequently, the Kensington Hilton did not echo to the sounds of joyful hordes of Guy's students on Saturday, 28th; the Rose Ball was cancelled due to lack of interest. The Dance Band that was scheduled to appear played in the Ballroom to a sedentary, but happy, audience of fifteen people and Chris Donovan spent the quietest Saturday night of his life serving six pints in the upstairs Bar.

However, the ever-optimistic Clubs' Union have demonstrated their staying power by booking the Kensington Hilton for a Valentine's Ball on Saturday, 14th February, 1981. This should draw the crowds.

The Summer Festival was held on 31st May—a day of torrential rainfall. This did not deter the 150 entrants to the "Five-a-Side" Football Competition, who played throughout the day on a pitch that increasingly became a swathe of mud. The competition was run smoothly by an indefatigable Harri Williams and won by the "Pheasant Pluckers". Unfortunately, many of the outdoor competitions were rained off, but the Obstacle course provided much entertainment as the teams battled their way over savage ramps, under tarpaulines and through a water trough. The Ladies' Team suffered the added hazards of Rugby players awaiting their arrival under the tarpaulin!

A watery sun shone briefly during the Mixed Rugby Match; the Gentlemen agreed to walk but nonetheless it was an exciting game with a score of Ladies 14 points, Gentlemen 6. Heavy rain set in for the evening and the Powerhouse Disco in the marquee gave their usual professional performance to an appreciative crowd of about 100. In spite of the inclement weather, those who came enjoyed themselves—a testament to Mr. and Mrs. Danns' hard work.

The organisers are profoundly grateful to those who helped clear up in the pouring rain on Saturday night and Sunday morning: Chris Birtwhistle, Anne Stebbing, Roger Matthews, Harri Williams, Phil Oliver, plus Dr. Hutchinson and his invaluable trailer. It is tenacity like this and enthusiasm in the audience that make events possible under such dreary circumstances.

The Medical School Hostels Committee met during June and approved the following rent increases:

Wolfson House—13% increase to £15.25 from £13.00/week.

St. Christopher's—12% increase to £11.75 from £9.50/week.

These were considered to be reasonable as the student grant will increase next session by between 13% and 14%.

The Clubs' Union is most grateful to Dr. Tammar who has donated a cheque for over £100, the profit from the Wake held to mark the passing of the Preliminary Year in Medical and Dental Studies at Guy's. The Wake was an imaginative idea and a great success, featuring sketches by those who had done the year and guest appearances by their lecturers; the profit will be used to shore up the rocky Entertainments Fund and the rest donated to the Friends of Guy's. (The Summer Festival made a loss of about £70 and, had we made any profit from the Festival, it would have been donated to the Friends.)

Finally, I apologise to Mr. Soden, the District Catering Manager, for my erroneous passage in last month's "Clubs' Union News" referring to catering at Guy's; Mr. Soden has written a letter to the *Gazette* elucidating the situation.

DEB BROOKE.

The Royal visit to Thamesmead - May 15th 1980

by Betty Shering *Photos by Jean Watkins.*

During the weeks preceding the Royal visit, the staff at the Health Centre worked hard to prepare it, both in terms of organisation of the day itself and also the additional cleaning that was required to put that extra sparkle into everything.

On the morning of the visit itself, the police arrived with their dogs about 5.30 a.m. to check security and to take up their positions at the entrance. Work at the Centre was carried out normally all day.

Professor Higgins and I, along with Mr. N. Thompson (Chairman of Greenwich and Bexley A.H.A.) and Mr. G. Burton (Administrator of Greenwich and Bexley A.H.A.) had been invited to the opening of the

The Queen, accompanied by Professor Higgins, visit the Dental department.

Lakeside Complex, Thamesmead by Her Majesty the Queen, followed by a luncheon in the restaurant of the Complex. Before we reached the restaurant, however, we adjourned to the bar for refreshment and I fell into conversation with several visitors to Thamesmead. Without exception, they told me how impressed they were with the architecture, the lake and the community spirit. We had to leave after the luncheon and after the Royal party had left and Professor Higgins drove us back to the Health Centre in time to receive them; we had about five minutes to spare.

Although the staff carried on with their normal duties, there was an air of expectancy about the place as everyone waited for the great moment. The reception committee went downstairs to the entrance, where we were presented to Her Majesty the Queen and H.R.H. the Duke by Mr. N. Thompson. Professor Higgins then escorted the Queen upstairs to the Centre, followed by the Duke and myself. As we walked up, the Duke noticed that the telephone had been removed from the kiosk and, on hearing that this was due to repeated break-ins, he enquired if we had much vandalism on the Estate. I replied that there was and he was duly sympathetic. Next the Duke was presented to the Dental receptionists who, in the Duke's words, were "getting a lot of attention" because of their teeth which were a credit to the Dental Department.

After this, he had a few words with Pat Digby about the welfare foods which were being sold that afternoon. Then he met and spoke to two of the doctors' receptionists and his conversation with one of them went something like this:—

H.R.H. How can I get seen here?

Recep. You have to make an appointment.

H.R.H. How many doctors have you got working here?

Recep. Six.

H.R.H. Do they get any time off?

Recep. Yes, they do have off-days.

H.R.H. We all have those! (General laughter).

He also saw the Child Health Clinic at work and chatted with the mothers, laughed at the babies' antics, spoke with the Health Visitors before moving further on to meet the doctors, patients and students. He showed great interest when he met a social work student with her tutor, asking the student about her work, battered babies and any other problems she had encountered. He seemed well aware of the difficulties that people have to face in new towns, with the starting of new family units.

We continued via the treatment room, where he met Sister Shirley Wall, through to the Dental Laboratory. He was most impressed by the number of dentures on display. We continued round to the dental surgeries where he joked with all the patients, nurses and dentists. Finally we met Mrs. Turner and Edna Surtees. He signed our visitors' book before shaking our hands once again and thanking us for a most enjoyable visit.

The Duke of Edinburgh and Betty Shering talk to the receptionists.

We had felt totally relaxed and at ease in the presence of the Queen and Prince Philip because of their down-to-earth knowledge of their subjects and we almost tended to forget that they were in fact Royalty, such was their good humour and friendliness. Also, I feel that the Health Centre in particular, and Thamesmead in general, has benefited by this focus of attention on its existence and in some measure has rewarded us for the stresses we have undergone in the last twelve months. My greatest impression of the visit was the way everyone pulled together to make it the success it was. This has confirmed my belief that the Centre is run as a team and that this is the most effective way of getting a job done.

The presentation of a bouquet to the Queen in the Treatment Room.

Sherlock Holmes and Dr. Watson
A Medical Digression (Part II)

by Maurice Campbell, O.B.E., D.M., F.R.C.P.

Diseases of the Heart

There are two detailed descriptions of heart disease and many shorter allusions, as well as the death from angina just described. Major Sholto died from left ventricular failure, probably secondary to high

blood pressure; and orthopnœa as rightly emphasised by Watson as a leading symptom. "When we entered his room he was propped up with pillows and breathing heavily . . . grasping our hands he made a remarkable statement in a voice broken as much by emotion as by pain . . . At this instant a horrible change came over his expression—his eyes stared wildly, his jaw dropped, and he yelled, 'Keep him out.' We rushed to the window, and when we returned his head had dropped and his pulse ceased to beat." (The Sign of Four). No wonder his son, Thaddeus Sholto, became hypochondriacal about his mitral valve.

The other is a good description of an aortic aneurysm. When Jefferson Hope was arrested he remarked that he might not live for the trial. "It isn't suicide I am thinking of; put your hand on my chest," he said. "Watson did so, and at once became conscious of an extraordinary throbbing and commotion inside. The walls of his chest seemed to quiver as a frail building would when some powerful engine was at work. In the silence of the room he could hear a dull humming and buzzing noise which proceeded from the same source."

"Why," cried Watson, "you have an aortic aneurysm."

"That's what they call it," he said frankly. "I went to the doctor last week, and he told me it was bound to burst before many days passed."

I sometimes wish that you could all use an equally dramatic style in writing your ward reports.

The aetiology was wrongly attributed by Watson to exposure and under-feeding among the Salt Lake Mountains, but the prognosis was better than in a patient seen recently, who had been told eleven years before that his aneurysm might burst any day, for on the very night after his capture this happened, and he was found stretched on the floor of his cell with a placid smile on his face as though he had been able to look back on a useful life and on work well done. He was a robust and ruddy-faced man, tall and of great strength, and no doubt his hard-working life was a contributing factor in the production of the aneurysm.

The death of Sir Charles Baskerville was attributed to heart disease, and, though the medical details are fairly satisfactory, it is possible to be critical here. The newspaper account of the inquest said that there was no reason to suspect foul play or to imagine that it could be from any but natural causes. The evidence of the housekeeper was that his health had been impaired for some time, and that the breathlessness, changes in colour, and attacks of nervous depression pointed to some affection of the heart. Dr. James Mortimer, his medical attendant, "gave evidence to the same effect" (and I hope you will not have the same experience of your evidence being dismissed in this cursory fashion after so much attention had been given to that of the housekeeper). No signs of violence were to be discovered upon Sir Charles's person, but the facial distortion was explained as a not unusual symptom in death from cardiac exhaustion. The post-mortem examination showed long-standing organic disease, and the coroner's jury returned a verdict in accordance with the medical evidence.

But Dr. Mortimer had suppressed the finding of the footprints of a gigantic hound, and we know that it was in running desperately from

this that his diseased heart gave out. My criticism here would be that facial distortion is not a usual feature of cardiac deaths; that angina pectoris is the only likely cause of sudden unexpected death, in which case he would probably not have moved from the gate, and that patients do not usually die in their first attack of angina (Dr. Mortimer would certainly have stated at the inquest that he had suffered from angina previously if this had been so) unless they have an infarct, which should have been revealed by the post-mortem. Perhaps this is expecting too high a standard, for though, of course, coronary obstruction was well known to pathologists, the clinical picture of cardiac infarction was not recognised till some years later (Herrick, 1912).

In any case Sir Charles had old-standing heart disease, presumably myocardial degeneration, and died from the effects of fright and sudden exertion on this diseased heart muscle. As he was about fifty and there was a family history of sudden deaths, it is all a very reasonable series of events from the medical point of view, and these minor criticisms only show what a high standard of accuracy Watson has led us to expect.

Among the shorter allusions we read of the young science master whose life had been crippled by heart trouble following rheumatic fever (The Lion's Mane), suggesting that Watson realised this was the most likely cause of heart disease in a young man. A later stage of rheumatic heart disease is described in Lady Beatrice Falder, who was known to have had heart disease and had been incapacitated by her dropsy for some years (Shoscombe Old Place); probably from the length of the history she had auricular fibrillation and mitral stenosis. When she died from increasing dropsy her brother tried to dispose of the body and employed someone to act her part, so that he might keep her estate long enough to win a fortune on the Derby. His ingenious scheme was rewarded, and the coroner took a more lenient view of the transaction than seems likely.

When the managing director of the mythical Franco-Midland Hardware Company was cut down as he tried to hang himself, Watson stooped down and examined his pulse. It was feeble and intermittent, but as his breathing grew longer Watson remarked that he would recover, though a moment before he was lying with a slate-coloured face, puffing his purple lips in and out with every breath (The Stockbroker's Clerk).

It is doubtful if the works of any other novelist contain descriptions of extrasystoles, of œdema due to fibrillation, of angina pectoris, of aneurysm, of rheumatic valvular disease, and of left ventricular failure and orthopnœa, with such careful adherence to medical probabilities.

On re-reading these stories one is amazed at the prevalence of fainting, and almost surprised to find a story in which someone does not faint. Fainting was generally regarded as the prerogative of the young lady of the Victorian age, but a quick perusal provided me with twenty-one instances, and in thirteen of these it was a man who fainted.

One of the early examples gives the impression that Watson shared the popular delusion that fainting is likely to indicate heart disease (The Gloria Scott). Recollecting that he was trained at St. Bartholomew's Hospital and not at Guy's, this seemed only too likely,

but subsequent examples did not support this, and generally in Watson's accounts, as in real life, the cause was simply shock or emotion, as when Watson himself fainted for the one and only time in his life on seeing Holmes return, as he thought from the dead (The Empty House).

There is a clear description of the whole condition with accurate details in one case when loss of blood was an additional factor: "Suddenly, however, as I ran a deadly dizziness and sickness came over me. I glanced at my hand, which was throbbing painfully, and saw for the first time that my thumb had been cut off and that blood was pouring from my wound. I tried to tie a handkerchief round it, but there came a sudden buzzing in my ears and the next moment I fell in a dead faint among the rose bushes. How long I remained unconscious I cannot say" (The Engineer's Thumb).

Dr. Huxtable's faint is of interest because Watson adds his observations and conclusions about the cause. He staggered against the table and fell prostrate on the hearth-rug. Holmes hurried with a cushion for his head and Watson with brandy for his lips. "What is it, Watson?" asked Holmes. "Absolute exhaustion—possibly mere hunger and fatigue," said Watson, with his finger on the thready pulse, where the stream of life trickled thin and small. The puckered eyelids began to quiver, and soon a pair of vacant grey eyes looked up at them; an instant later the man had scrambled to his feet, his face crimson with shame (The Priory School). Often the cause was purely emotional, and in this Watson has again made a correct observation. The occasion that seems most untrue to life was when a journalist fainted on finding a murdered man on his own doorstep, and was so upset by it that he was unable to make any copy out of the incident (The Six Napoleons).

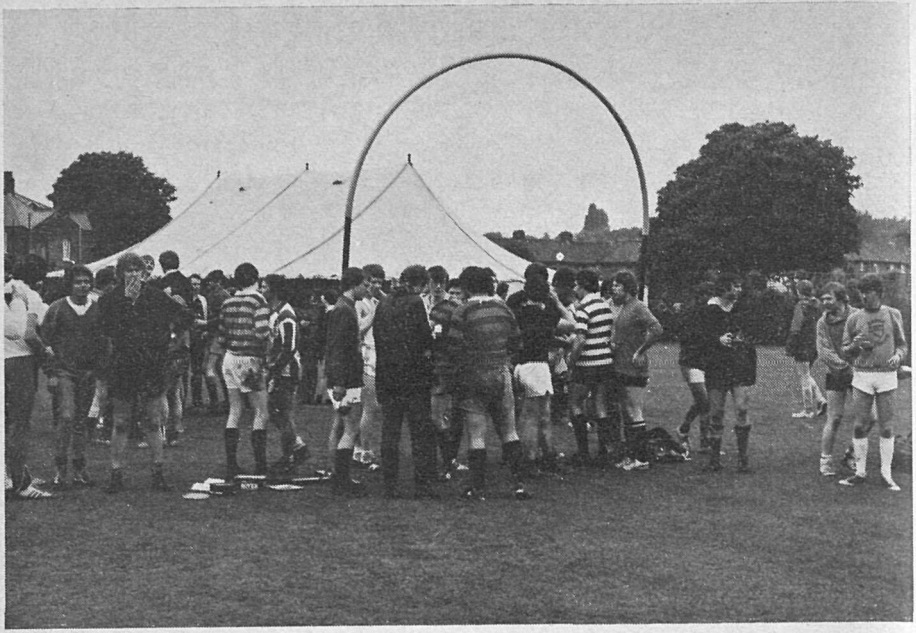
In the Blue Carbuncle we have an example of considerable psychological interest, which, incidentally, shows the fallacy of the American methods of crime detection according to the emotional response. Horner, the plumber, who was innocent, gave signs of intense emotion during the proceedings, and fainted away at the end and was carried out of court; but Ryder, the hotel attendant, who was guilty of the theft, did not lose consciousness when he was unexpectedly accused by Holmes, though he almost collapsed and had to be revived by a drop of brandy.

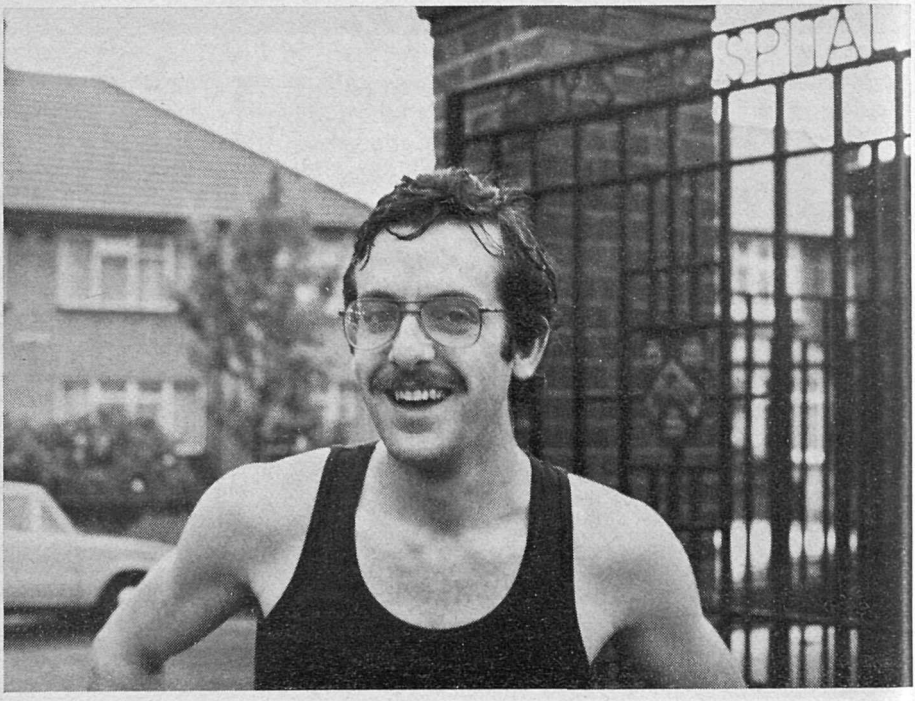
In this question Watson followed the still prevalent lay tradition that brandy is the only treatment for fainting, and that it is more efficacious than other spirits for medical purposes. We frequently read of whisky being drunk for pleasure, but brandy no longer appears in this way as it did in the pages of Dickens. On the other hand, there are at least ten occasions when a sufferer was revived from a faint by brandy. But perhaps Watson realised that it was not really essential, for on the two occasions when Miss Morstan, his fiancée, fainted, he only offered her water; however that may be, these were the only times that water was used instead of brandy.

We must feel that Watson observed an unusual amount of fainting, but that, with this exception, he has given a very accurate picture of it and fully realised that it was due to emotional and general causes and not to heart disease.

Summer Festival Snaps

Photos by Dr. R. K. Knight and G. Noble.




SPITAL

A New Art Club at Guy's

by **Matteo Adinolfi**

On Monday, 9th June 1980, the 407 Art Club inaugurated its new venue for exhibitions on the 17th floor of the Tower with a combined show of paintings by Freda Wadsworth and small wood sculptures by June Hodgkin. Planned by rigorous geometric forms, the paintings by Freda Wadsworth had a mysteriously rarefied intellectual detachment and serenity. The vividly coloured figurations revealed a great skill in experimentation, without sliding into self-indulgence. The small carvings of animals and fish by June Hodgkin, on the other hand, showed a fresh and protracted experience of looking at these simple but symbolic familiar objects with profound artistic enjoyment and love.

This was the fifth show organised by the 407 Art Club since its foundation around December 1979. For many years, art exhibitions have been organised by the Guy's Art Club in the form of annual collective shows, open to everybody working in Guy's. The participation in these shows of a large number of amateur painters, illustrators, ceramists and craftsmen was a clear indication of the popularity and success of such initiatives. Unfortunately, collective exhibitions require much time and patience from the organisers, and it was perhaps for this reason that during the last few years nobody has taken up the burden of preparing new shows.

The founders of the 407 Art Club have decided to change the format of the exhibition and planned a series of about six shows per year in place of the collective one.

The first exhibition inaugurated the Club in December 1979 with the presentation of three artists working in ceramics, silver and wood. Roy Spector selected a group of ceramics which revealed his constant interest in exploring the use of different forms and contrasting glazes. The result was a series of pots with bold structural forms and rough matt surfaces splashed with autumnal colours. In many ways his work, which showed an urgency of expression, contrasted with that of Mr. Montagu Malleson, whose beautiful silver pieces were greatly admired by all visitors for the harmony of the shapes and the great care in the finish. Jennifer Williams, the invited artist, presented a group of masks of unique qualities, abstracted from human forms, which exemplified the importance of relating "the face" to the most inner feelings.

It was a great pleasure to organise the next exhibition in January 1980 by Terry and Jane Gibson. Dr. Gibson's water-colours, often monocromatic, had a sombre quality, while Jane Gibson's ceramics were delicate and at the same time adventurous in form. We hope to see more of her work.

The next two one-man shows saw a return to the Guy's scene of Dr. W. N. Mann and Mr. P. H. Schurr. They both began to paint some several years ago, and many in Guy's are familiar with their work. At each successive show it is impossible not to be pleasantly astonished at their progress. Quite different in style and technique, they have in common a strong feeling for landscapes painted with great visual

balance of colours. From their early work to their most recent, the paintings of Dr. Mann and Mr. Schurr express a profound relationship to the land and are charged with deep personal emotion.

The 407 Art Club is now preparing an exhibition of paintings by Miss Chaplin Shepard, who painted the mural in the Nurses' Home dining room. The show will also contain some of the drawings and paintings of E. H. Shepard, famous for his contributions to Punch and his drawings of Winnie-the-Pooh.

Photograph from Mr. Peter Schurr's exhibition.

Amsterdam!

by Sarah Evans

Guy's entered six three-legged bodies to compete in the Nottingham Medical Society's annual charity race, this year (the second) to Amsterdam to raise money for Stoke-Mandeville Hospital. Leaving Guy's on Wednesday afternoon a hostage was taken to make up our numbers; poor unsuspecting Richard Graves was bundled, arms tied and bag over head into a fast car and so to St. Pancras and Nottingham. After an evening of beer, hockey songs and other such medic activities we arrived in the central square on Thursday in fancy-dress for a ten o'clock start. Chained together and posing for innumerable photographs,

In Nottingham :—
L.R.: (standing) George Noble, Roger Matthews, Joanna Lewicki, Sarah Evans, Richard Groves, Calum Bartlett, Simon Ward, Tim Johnson, (seated) Sukhpal Singh, Niaz Karim, Dave Heal, Chris Barras.

we were told the start was delayed an hour so the B.B.C. could film it. Then—we were off!

The journey was an eventful one for most of us. George Noble and Roger Matthews got off to a good start; an ambulance ride to the motorway and then a fast Capri down the M1—but not quite to Dover, unfortunately. Tim Johnson and Simon Ward along with innumerable others, including "the babies", Niaz Karim and Dave Heal spent several hours on a roadside in Antwerp. The moral: never try hitching in Belgium. Calum Bartlett with his hostage Richard, having travelled via Sevenoaks to pick up a passport found themselves, having achieved the second ferry to Zeebrugge, jammed into the back of a dark and airless meat lorry with so many other three-leggeds they had to turn the refrigeration on! Meanwhile George and Roger rode ahead in habitual style, in the cab of a sister lorry. Poor old Chris Barras, bound to Sukhpal Singh found himself in Redhill—and didn't reach Dover until 2.30 a.m. Friday. By this time Joanna Lewicki and I were well on our way. We, as schoolgirls, succeeded so well in our abuse of lorry-drivers that we never waited more than five minutes for a lift, despite even finding ourselves stood on the edge of a dark and empty motorway 40 km from Ostend. However, the contingent sent ahead to welcome and organise didn't. But resourceful as ever we found the tent somewhere in north Amsterdam and discovered ourselves SECOND (out of seventy-five; one up

for Guy's!). We were beaten only by a couple from Nottingham who missed the first ferry that we caught by half an hour and managed, horror of horrors, to talk their way to Calais. Two hours less and only 50 km further to hitch.

So; having slept unbound, refreshed and showered we wandered into tiedesplein later in the morning to see our names in lights (well—almost) and to greet our colleagues. George and Roger were next to arrive at nine that morning, and finally Sukhpal and Chris at six. Altogether, two very memorable days were spent in sunny Amsterdam.

On the way home on the boat:—
L.R.: (standing) Tim Johnson, Richard Groves, Joanna Lewicki, Chris Barras, Sarah Evans, Roger Matthews, (seated) Niaz Karim, Dave Head, Sukhpal Singh, Gary (from Leicester University).

The Preliminary Year Wake

by Tim Lancaster

Not one of the 150 people who gathered in the Ballroom on the 27th of June was happy to be there, for the unique occasion marked the end of one of the oldest, and happiest of the eccentricities of a Guy's education: the first M.B./B.D.S., or Preliminary Year.

This alternative route into the world of medicine for idealistic aesthetes, concerned social scientists, failed actors and other improbable

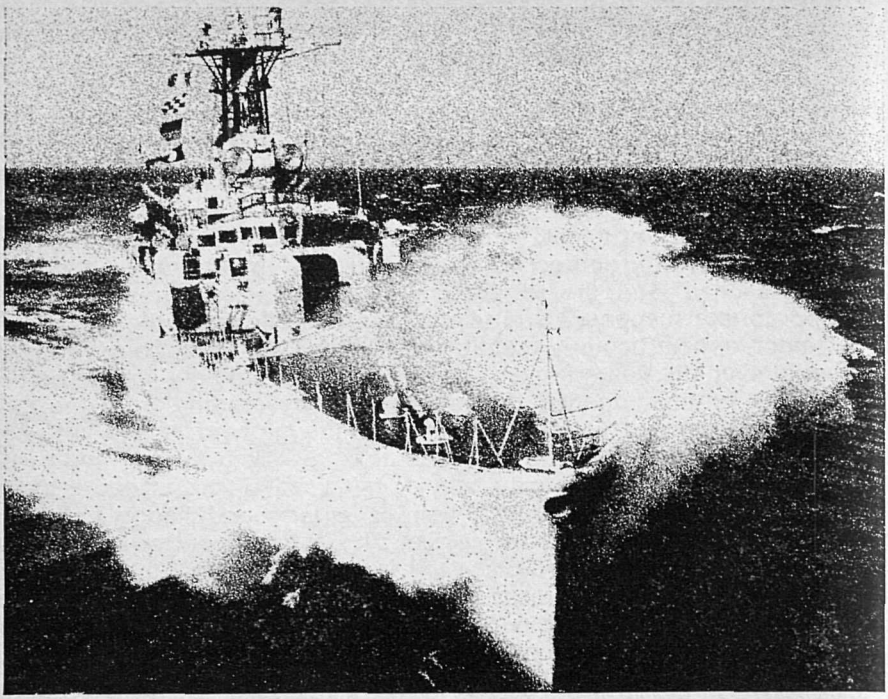
representatives of the wordly-wise, has finally gone the way of all flesh: the victim of short-sighted pennypinching in the higher echelons of the medical school. The 1979 intake was Guy's last, and from October the Biology Department will be no more, the chemists will teach only students who already know what a molecule is, and the physicists will languish in isolation relieved only by summer courses in medical physics for reluctant medics.

The sense of emptiness (and anger) produced in every ex-prelimer by this decision contributed to a rising tide of mourning as the final days approached, and the suggestion of a Wake was greeted as the only appropriate response. Due to the vigorous efforts of the Chemistry Department, and particularly that stalwart of the First M.B., Tony Tammar, a splendid evening was arranged. Sentiment began to flow almost before beer as Dr. Tammar opened the proceedings by reading from the first letter he had received in response to his announcment of the Wake in the *Gazette.* Enclosed had been a cheque for £5 from a Guy's man who regretted that he was unable to attend, but wished to contribute as he said the first M.B. had launched him on a long and happy career in medicine in 1912. Taking this as his cue, Dr. Tammar went on to describe his own sense of loss at the demise of the course, not the least important facet of which would be the discontinued presence of the attractive women for which the Preliminary Year has been well known. Dr. Baxter then carried the mood further by declaiming verses written by him to mark the occasion: *Inaway Awake—or the end of an era* underscored his feelings about 44 years of teaching at Guy's with some Byronic rhyming:

> "Why should we be sad or sore,
> When on the morrow, full of promise and Technology,
> Next year's students will become
> More instructed and more knowledgy?"

A suitably solemn response from the mourners did not prevent them from subsequently tucking in with gusto to an excellent cold buffet, prepared by a local catering college. Washed down with quantities of Sam Smith's ale and Guy's house wine, the meal prepared the way for the second set of lamentations later in the evening. Representatives of the final Preliminary Year intake, complete with coffin, delivered their eulogy to the departing course, which included appropriate gifts: a four month old chick for the department that had introduced them to the world of vertebrate embryology, a frictionless pulley for Dr. Clark and his colleagues, and a sagging lattice of molecules for the chemists, accepted of course by Dr. Anderson, who responded in fine style with a story which involved Welsh accents and a risqué punchline.

The social dynamics of the evening revolved round the recognition of a common evolutionary origin among the participants ("I never knew you were....."), interspersed with embarassed disclaimers from various spouses, friends and hangers-on ("Well, actually I'm not. ....."). The music started up, the dancing began, the food and drink continued to disappear.....An evening as pleasurable as the event it commemorated was sad.



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ROYAL NAVY MEDICAL CADETSHIP

Nursing

The official policy on the general wards at Guy's is that visiting hours are from 4 p.m. till 8 p.m., subject to the Sister's discretion. Recently I walked round the wards in Hunt's House and New Guy's House to find out in what way the Sisters were using their discretion. Of the twenty wards, two, one surgical one medical, allowed free visiting. The rest enforced the 4–8 rule with varying degrees of strictness, the more lenient saying 4–8 but in fact allowing anyone who asked to come at other times. About half of these ward Sisters asked visitors to leave between 6.30 and 7 p.m. The reasons given for this were that the patients were distracted by their visitors and would not eat properly, and even that the patients sometimes gave their supper to the visitors. The Sisters who allowed visitors to stay during supper felt that they could not expect them to go out and that they helped to encourage their relatives to eat and to feed them if this was necessary.

Visitors or the lack of them must play an important part in the wellbeing and recovery of sick people. Therefore it is right that visiting hours should be under the control of the ward Sisters and it is a responsibility that should be taken seriously by them. At this point I must admit to being one of the Sisters who allows free visiting in her ward. And before I get an angry flood of letters pointing out that visiting is tiring for patients and visitors and that long visiting hours are not in the best interest of either—I know this, and consider that free visiting means that I am free to advise about suitable times and to ask visitors to leave when necessary. That is an important part of the responsibility. But in fact if visiting is spread throughout the day there are not so many visitors at any one time and the general noise level is less, and if visiting hours are long each visitor tends to stay for a shorter time because he does not feel obliged to have his money's worth of the time allowed.

One of the objections frequently heard to visiting during the morning is that visitors get in the way when nursing procedures are being carried out. In this respect general nurses have not learned very much from their paediatric colleagues. If the best person to look after a sick and frightened child is his mother, surely it follows that the best person for an adult in the same state may be the husband/wife or other close relative. What is more, being allowed to help and feel involved with the care is also beneficial to the relative who is well. This is particularly so in the case of a dying patient. As research has shown, a bereaved person who feels that he did all he could to help during the dead relative's last illness is likely to cope better with his grief than one who does not feel this.

Perhaps the reason that nurses do not often allow relatives to become involved in the care of patients is that this constitutes a threat to our skill and training. If Mrs. Bloggs can do Mr. Bloggs' blanket bath in a way that is definitely not taught in the school of nursing and what's more he prefers it that way, it is possible to feel that all our training has been in vain! Recently in my ward we put up a bed so that a wife could share a side room with her dying husband. With some help she gave him

all his care night and day. One morning the student nurse whose patient he was that day said angrily that she had not done anything for Mr. P as Mrs. P had done it all and she could not see why they were here. It took some time for her to see that Mrs. P was enabled to do in hospital what she could not have managed at home and that this was beneficial to both of them.

Of course apart from being good for the patients and the relatives, allowing relatives to participate in care actually helps the nurses too if they will allow themselves to be helped. As nurses become a more expensive commodity and money for the N.H.S. becomes less, we may be forced to ask relatives to take on more of our work and conserve our time for skilled tasks which they cannot do, and to care for people with no available relatives.

We are told that this is what happens in the poor countries of the world; perhaps we are not so far from that state of affairs.

JULIA FABRICIUS.

Physiotherapy

Guy's Hospital Physiotherapy and Radiography Association

At the A.G.M. of the Physiotherapists and Radiographers Association in May, the decision was finally taken to discontinue the Association. Because of the diverging nature of the two professions, it had become increasingly difficult to find topics of mutual interest to both groups of former students of the Guy's Schools, and what seems to be a general tendency not to join old boys/girls associations but to cut off from one's past had led to a fall-off in the number of new enrolments and retention of membership. Another, no less considerable, factor was the decision to award the Guy's badge to all qualifying students and not to have it exclusively designating membership of the Association. This removed the necessity to join for at least the minimum period of one year in order to demonstrate ones "parentage".

Records are incomplete, but we do know that the Association had been in existence for many years, long predating the division of the original School into its present constituent parts, and many of our older members will have been saddened to know of its dissolution. In fact, the vote which had this result was based to a considerable extent on the understanding that a physiotherapists' association would rise from the ashes, and it may transpire that, as the Schools have developed separately, so will two professional organisations hatch from the phoenix's eggs.

Had the annual meetings been purely social affairs, it might have been possible to continue as we were, but we see the Association, and its successor(s) as a source of continuing professional education, as well. What the physiotherapists hope to do is to meet each October/November, perhaps alternating a Saturday afternoon lecture-programme with a week-day evening sherry party, but final decisions have yet to be taken. The move to the Autumn would avoid the present clash with the

students' Physiotherapy Charity Ball in May and if, as we hope, we can hold an annual prize-day/"graduation" day in January, we will be able to spread out the behind-the-scenes labour rather more evenly. Those not immediately involved tend to forget or perhaps not even know that the holding of Conferences—locally, regionally and nationally —demands many hours of work, pleading and cajolery if they are to achieve the standard that we feel they must.

In due course, we will be sending out invitations to old students of the Physiotherapy School to attend a meeting at which a new-born GHPA may be heralded. Proposals will be made for a re-vamped constitution and officers will be put forward for election, so it is to be hoped that as many as possible will come. We will try to cover our costs by making a small charge and probably should try to make all future meetings self-supporting so that if, in its generosity, the DMT, or in theirs, the Special Trustees, should see fit to offer any financial subvention, it might go to support the students' qualifying jamboree rather than that of their salaried seniors.

The Association is dead. Long live the Association!

R. J. COOPER

Book Reviews

"Community Health Preventive Medicine & Social Services" 4th edn. by Brian Meredith Davies. Pp. 533. Price £4.75. Published by Ballière Tindall.

This new edition of a long-standing basic text book gives an outline of the health services—especially those outside the hospital including preventive services and primary care—and those social services provided by local authorities which are relevant to the care of the sick and in particular to those with chronic handicap. It, thus, covers the potential gap between these two services which is relevant to the joint care for many of those disadvantages by the pressures of having to cope with illness in a supposedly affluent society. The author is well-qualified to deal with these aspects of care since he was formerly in the Public Health Service of the then County Borough of Liverpool and is now Director of Social Services of that city in addition to having a teaching appointment in the University.

As a text book for undergraduate or student nurses parts of it are rather detailed such as those describing the various offices and composition of committees of the current structure of the services—particularly as these may be altered in the near future. On the other hand it is almost inevitable that in tackling such a wide range of issues in such a compact form the book is too simplistic in places for those undertaking higher training for courses in Community Medicine, Health Visiting or Social Work. These and others who are familiar with the current complexities of Epidemiology, Preventive Medicine and Health Care may be irritated by the superficial approach to such issues as the Epidemiology of Ischaemic Heart Disease, Screening and the place of the "Area" tier in the National Health Service. Nevertheless, the book is very readable and the factual information relevant to the organisation of the Health and Social Services is accurately presented. Thus the book is a useful but low-cost work of quick and easy reference for those caring for patients in hospital, general practice or a community health situation who want to remind themselves about a service or who have to check organisational detail.

For these reasons I think this new edition continues to serve a useful purpose.

J. ANDERSON
Professor of Community Medicine

"Hoists and their Use" by Christine Tarling, Pp. 318. Price £8.00 Published by Heinemann

This excellent book is published for the Disabled Living Foundation with the aid of a grant from the National Fund for Research into Crippling Diseases. Miss Tarling, supported by an advisory panel, was the project worker and has the double credentials of having in 1970 set up the first Aids Centre at the DLF and of being Principal OT at the Aids Centre of the Newcastle Council for the Disabled.

Miss Tarling's declared aims are to gather together all the available information on the different types of hoist so that a reasoned choice can be made, and to encourage training in their use.

Certainly, she has collected and presented in a compact form a vast amount of information on hoists and slings and on the considerations that make one or another more suitable in different environments and for people with different disabilities. Furthermore, it is done in a practical, sensible and very readable manner, illustrated by superb line-drawings executed by William Brennan.

Certainly, too, she has encouraged the reviewer to accept that "Schools of physiotherapy (should) include formal training sessions on the uses and availability of different types of hoists and slings and the assessment for them and their use, and encourage physiotherapists to extend their role in the teaching of manual methods of lifting into the use of mechanical lifting aids."

Expansion of in-service training programmes for ancillary staff is urged, and it is recommended that the use of hoists and slings should be included in the basic training of both SRN's and SEN's. It would be a stubborn reader who was able to reject these proposals, and I believe that this book should be made available to all members of the several professions with a responsibility for caring for the disabled, and, just as importantly, to the disabled themselves.

R. J. COOPER,

Principal, School of Physiotherapy

"Baby and Child" 1st edn. by Penelope Leach. Pp. 512. Price £4.95. Published by Penguin.

This book is really a small encyclopaedia of practical paediatric practice. It is meticulously written and offers an extremely detailed picture of child development from birth to five years. Divided basically into five easy to read sections covering the newborn to the pre-school child, it is a book every parent should want to consult.

Commonsense practical advice is the theme and is given on most aspects of child care and particularly on those routine day-to-day matters which most paediatricians and general practitioners would rarely be consulted about—at least not in the U.K.!

Possibly the only justifiable criticism is that the author implies that care of the child is the focus around which family and home life should rotate, rather than stressing the importance of the new baby being a part of the family.

This book fortunately does not have the air or authority of Spock, and indeed was not written in that vein. The language is clear and precise, the illustrations delightful and the price extremely attractive.

R. S. TROMPETER,

Lecturer in Paediatrics

"Practical Hints for Housemen" by D. S. Hoptran & I. J. T. Davies. Pp. 246. Price £6.00. Published by Lloyd-Luke.

This little book was written by a consultant surgeon and a consultant physician to give advice to the newly qualified doctor concerning problems he or she will meet during the pre-registration year. The authors give useful advice on such topics as hospital and ward organisation, and working relationships with other staff. The rest of the book is concerned with the specific antics of the surgeon, or house physician.

The sections of the book for the house surgeon (preparation of patients for surgery, postoperative management, fluid balance) contain much useful advice. I was surprised, however that arterial blood gas tension estimations did not receive a mention in the post-operative assessment of patients with chronic airways obstruction.

I was very disappointed with the sections dealing with acute medical emergencies. Much of the material could readily be obtained from standard medical textbooks. Some advice is definitely misleading, and I was interested to see that suggestions on when to institute artificial ventilation in a patient with acute severe asthma came after the paragraph on when to sedate the asthmatic patient! Other sections provided only a very general guide to complicated medical emergencies such as diabetic ketoacidosis or fulminant hepatic failure and little guidance is given to help the houseman to decide 'what to do' when.

There are better pocket books dealing with medical emergencies, and although the 70 pages on surgical aspects are useful, they themselves hardly justify an investment of £6. I would not recommend this book to the newly qualified doctor.

J. G. PRIOR.
Sir Philip Oppenheimer Research Fellow.
Department of Medicine.

"Essential Rheumatology for Nurses and Therapists." Ed. G. S. Panayi. Pp. 197 paperback. Price £4.95. Published by Balliere-Tindall 1980.

This book produced by Guy's doctors, nurses and therapists, exemplifies the problems surrounding the "common core" which is reputed to lie at the centre of the body of knowledge of all the caring professions. Look at the syllabus of training of all these different groups and what do you see but the same things over and over again. Conclusion—their teaching can be integrated, their basic text-books can be the same, what a lot of money can be saved—or earned. But the professions object that the conclusions are false—how to reply? "It (the PSM Act of 1960) has been criticised as leaving too much power in the hands of the professional bodies so that desirable developments, such as integrated training for some of the professions, have been blocked," (Report of the Royal Commission on the NHS).

The problem of directing a book at groups with different expectations is one of consistency, and this book, while amply demonstrating easily assimilable common sense attitudes and retailing much useful information suffers from uneveness of depth. The expressed prefatorial belief that little or no formal training and little knowledge of rheumatology as a specialty may be the lot of the readers is borne out by the earlier chapters, but writers of later sections appear to make different assumptions, not least the editor himself.

That there are a number of textual errors is unfortunate and so, too, is the mis-spelling of the physiotherapist-contributor's name. There is a good deal to be gained by physiotherapy students from reading the book, so it is to be hoped that enough copies are purchased to warrant a revision and re-thinking in terms of the requirements of the people to whom it is directed. Thus, a second edition may be hoped for so that the first can be looked upon as a trial run.

R. J. COOPER,
Principal, School of Physiotherapy.

"Multiple Choice Questions Book 3" 1st edition by Altschul, Bailey and Ward. Pp. 74 pp Price £1.50. Published by Balliere-Tindall.

This book is a welcome addition to the Nurses' Aids series. A wide variety of topics were tested within the two sections, Psychology and Pharmacology. The use of several different types of objective items gave variety. Some of these styles are easier to work with than others, but this, I think, is a personal preference. Most of the questions seem to test a fairly low level of learning i.e. recall of information. There were less questions that tested reasoning or evaluation—most of these were of the assertion /reason type of item.

In the Psychology Section, most of the topics which were tested seemed relevant to nurse training. I was disappointed that the majority of the questions tested factual knowledge unrelated to the nursing situation.

The Pharmacology Section asked questions about a wide range of drugs but like most pharmacology books some of the drugs are no longer in popular use. Popularity of drugs—the regime in which they are given—tends to be regional, and fashions change rapidly.

On the whole the book achieves its objective which was to test knowledge gained from the accompanying books in the series—Pharmacology for Nurses and Psychology for Nurses.

ANNETTE DREW.
Senior Nursing Tutor.

"Systems Analysis in Health Care Delivery" by A. Reisman Pp. 312 Price £14.50. Published by Lexington Books.

This is a textbook on Systems Analysis. When the author wishes to exemplify or illustrate a point he uses examples drawn from the Health Care field. Presumably the size of the American market makes its production worthwhile, there is no British equivalent, but there are much better texts on systems analysis.

It quickly covers most of the graphical analytical tools in present use and gives good but short practical examples of their use. An acquaintance with mathematical rotation is essential for the heavy chapter on algebraic techniques. Differentiation is introduced from first principles, but the author then omits to give the more simple rules of differentiation, which are all the working practitioner needs.

Helpful and unusual additions to a book on this aspect of O.R. methodology

are the chapters on problem solving, instituting analyses and implementing results. The latter two often being the foundering point of an otherwise effective study. It is refreshing to find a book which both recommends the use of scientific management tools and counsels a behavioural approach to their use.

The further reading lists are guaranteed to swamp all but the most insensitive students keeness.

An adequate cookbook for those occasionally involved in systems analysis in the health care field. Distinctly off-putting for the health care professional who wants to learn about systems analysis, and an exercise in egg sucking for systems analysts.

M. FELLOWES-FREEMAN
Assistant Sector Administrator.

"Obesity and Anorexia Nervosa" by Peter Dalby and Joan Gomez. Pp. 121. Price £2.50. Published by Faber and Faber.

Maugham's three fat women ate with "solemn, ecstatic fervour", and the two psychiatrists who wrote this excellent little book suggest that these ladies were indulging their appetites rather than sating their hunger. The distinction is well worth making. If it is human appetite we are talking about—gastronomic, sexual or emotional—it can be argued that indulgence in one direction can balance frustration in another. (Rubens' voluptuous beauties, however, were both fat and sexually sensuous at the same time).

Appetite apart, our behaviour depends on our perception of ourselves and of our body shape. It also depends on the norms of our culture—relationship to family, friends, ethnic group, and the world at large. In the modern, ad-man-dominated age, there is also an urge to conform—in eating, drinking, smoking, clothing, shape, and attitudes generally—to the television world of beautiful people. What happens to those unfortunates who make an effort to conform but feel that they have failed? This difficult problem is well presented and discussed.

The reverse difficulty, set out clearly, is that of the super-slimmer. When Sir William Gull gave his classical description in the 1870s, he was unaware of the figures quoted in this book—an incidence for anorexia nervosa, of one in a hundred girls in the top stream of a comprehensive school and up to four times that number in some girls' public schools. "Those who are most self-conscious and self-critical", say the authors, "are the adolescents". But conscientious about what? About a spartan self-discipline? About adjusting a distorted "too fat" body image? The emotional aspects are complex, and the wide range of behaviour patterns, of food rejection combined with binge eating, purging and induced vomiting, are very well described.

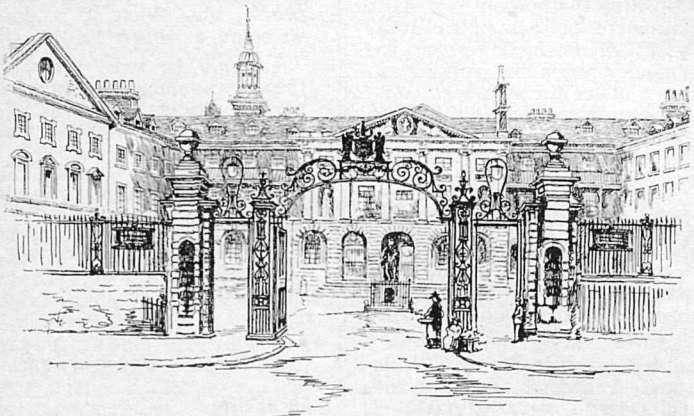
As for the treatment of obesity when all else has failed, the opportunities and hazards of jaw wiring and gut bypass operations are now an integral part of the medical history of our time. While two thirds of the world starves, gut bypass operations offer a remarkable comment on the more decadent aspects of our society. The authors note that an operated patient learns to eat only small amounts "for comfort". What they mean is that many of these patients suffer a devastatingly urgent diarrhoea whenever they eat. Like Pavlov's dogs, they are punished when they make the wrong choice. The conditioning, re-learning process is powerfully re-inforced.

One other challenging concept receives a passing mention, i.e. that even after small-gut bypass, some kind of adaptation is possible which allows further obesity to develop. This touches on one of the most tantalising problems of all. How is it that some can overeat with impunity while others gain weight on the same diet? Adaptation of the intestinal villi? Gut hormones? Changes in metabolic weight? The question remains unanswered.

This book is short, readable, and too good to be shown only to the fat and the thin. Medical students and nurses who do not fall into either category will find much to learn in these pages.

M. H. LESSOF,
Professor of Medicine.

Guy's Notelets



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Correspondence

Dr. E. W. Baxter

Dear Sirs,

May I ask for the hospitality of your columns to draw attention to Dr. Baxter's retirement on September 30th after 44 years of devoted service to Guy's. For many years he worked as senior assistant under the late Mr. T. J. Evans and then under Professor Foxon upon whose retirement he has for the past 7 years been Head of the Biology Department.

An informal farewell party has been arranged for him on Monday, September 29th in the Biology Laboratory from 12 noon until 2 p.m. It is intended to make a presentation to him on this occasion together with a book containing the signatures of his well-wishers.

I am sure that many past students who have benefited from his teaching and guidance will wish to contribute. May I suggest a maximum of £5.

Please make cheques payable to me, B. J. Rickard, Dept. of Biology, Guy's Hospital Medical School, London Bridge, SE1 9RT. These will be gratefully acknowledged. I hope you will be able to be present at the party, but whether you can attend or not would you please enclose a separate signature (perhaps on a suitably-sized self-adhesive label) so that the book can be completed.

Yours sincerely,
BASIL RICKARD.

Dept. Biology,
Guy's Hospital Medical School,
London Bridge.

Tooth Meets Tooth and Ball

Dear Sirs,

May I make use of your columns to carry out a "market research" on behalf of the Dental Society?

I write as one who was never convinced of the need for the decision several years ago to amalgamate the Dinner and Ball. All but quite recent graduates will remember that we used to have the Dental Ball in November and the Dental Dinner after the Annual Clinical Meeting on the first Saturday in March. A few, mainly from the Staff of the Dental School attended both functions. The combined dinner and ball we have had for the last three years has been enjoyable but many of those who formerly attended the dinner have not been attracted to the new arrangement. I believe there are many people who think as I do and would welcome a return to the old system.

I would be most grateful to receive the views of your dental readers. The present arrangements will, of cours, continue, until we get a very sturdy demand for change.

Yours faithfully,
A. D. ROBINSON

President,
Guy's Hospital Dental Society,
Guy's Hospital,
St. Thomas St.,
London Bridge.

T.H.E. Orde

Dear Sirs,

May I, through the hospitality of the *Gazette,* express the gratitude that my family and I felt for the gathering on 20th May in the Robens Suite which marked the occasion of my retirement as Archivist to the hospital.

It was a heart-warming experience, and to my many friends—old and new—who were able to be present; to those who were not; to all who were responsible for a very delightful evening that we shall long remember, and for the very generous gifts that were presented to me, my children and I would like to say a very sincere 'thank you'.

T. H. E. ORDE

Counting House,
Guy's Hospital,
London Bridge.

On behalf of the Gazette (and, we are sure, many others), may we wish you a long and happy retirement. Eds.

Summer Feat

Dear Sirs,

The Friends of Guy's Hospital held their Summer Fête in the Park at Guy's on Wednesday, 11th June, 1980, and as a result the magnificent sum in excess of £7,000 was raised.

The proceeds will be devoted solely to the various Children's Departments in the Hospital.

May I, as Chairman of the Fête Committee, express through your columns, my grateful thanks to all those who helped in achieving such a splendid result.

Yours faithfully,

L. FRANKS (Mrs.)

Chairman—Fête Committee,
Friends of Guy's
13 St. Thomas St.,
London Bridge.

Miss Betty Hammond

L. W. Morland & Co. Ltd.

Dear Sirs,

I was interested and delighted to see Mr. Frank Sullivan's remarks about the departure of Miss Betty Hammond from the travel agents opposite Guy's. I have also utilized her skills for very many years and have much to be grateful to her for. The news that she has found her employment incompatible and has decided to leave this very conveniently situated travel agents comes as a great shock to me. I am not quite sure where I shall go in the future because Morlands means Miss Hammond to me.

Yours sincerely,

ROGER WARWICK.

Anatomy Dept.,
Guy's Hospital Medical School,
London Bridge.

A Tribute

Dear Sirs,

A man walked in, swearing and cursing. He took hold of a chair and lashed out at everyone and everything within reach. Everyone gave him a wide berth, except Sister. She took the chair off him, sat him down and put an arm around his shoulder. He sobbed like a child. A Nurse fetched him a cup of tea. Later he saw a Doctor.

Sister sent him off with a Nurse - - -.

This short article is meant as a tribute to all Sisters and Nurses (God Bless Them) who have concern, compassion and Charity/Love? for their patients, dedicated to comforting and healing the physically and mentally sick.

Yours, etc.,

A. J. BINGHAM

Biochemistry Dept.,
Guy's Hospital Medical School,
London Bridge.

Food Mix Up

Dear Sirs,

I note with interest the article in the June issue of the *Gazette* concerning the present situation with regard to the amalgamation of the Hospital Catering Service and the Medical School Catering Service.

The President of the Clubs' Union stated that, in her belief, "financial cuts in the services now prevent the Hospital Catering Department from undertaking the additional work that the amalgamation would involve, so unfortunately this plan is shelved for the present". This statement is quite incorrect as the Hospital's position with regard to Medical School Catering Service and the possible amalgamation has not changed. Indeed, we would like to be able to amalgamate the services to provide a more efficient service for all customers on the Guy's site.

As you are aware, in the latter part of 1979 various meetings were held with the Medical School to discuss a broad plan prepared by myself. The Medical School felt that the plans as outlined in my document were not acceptable to them, particularly due to the financial implications of improving the present service and equipment within the kitchens in this area. The offer is still "on the table", so to speak. I am sure that your readers are aware of the problems that are caused by students using the Nurses' Home Dining Room facilities, particularly at supper time, and the complaints we receive from Hospital staff of delays in service within this area.

The position as outlined above with regard to this matter is unchanged and it is extremely unfair to put the blame at the Health Service Catering Department's door due to financial cuts when a decision is needed from the Medical School concerning offering an improved service to staff and students using Boland House Catering Service at present.

I trust that these comments will clarify the situation and ensure that all staff and students understand that the Hospital Catering Service is quite willing to continue our discussions to alleviate the present problems.

Yours faithfully,

L. M. SODEN

District Catering Manager,
Guy's Hospital,
St. Thomas St.,
London Bridge.

British Kidney Patient Association

Dear Sirs,

In the June 1980 issue under *News in Brief* you mentioned the B.K.P.A. dialysis unit at Bracklesham Bay. Your readers may be interested to know that this unit is in fact a holiday dialysis unit primarily for children, although adults will be able to make use of the facilities during term time.

Using recliner chairs instead of beds, patients are dialysed by trained staff in a four bedded unit, thus allowing parents or spouse the chance to enjoy a real holiday much needed by patients and relatives alike.

The first unit of its kind in Europe, dialysis, which is paid for by the B.K.P.A. costs £145 per child per week, and where necessary the entire cost of the holiday will be met by the association. We are always pleased to hear from people who are interested in the work of the British Kidney Patient Association.

Yours faithfully,

DAWN J. BLAIKLEY (Mrs.)

Chairman,
Bromley & District B.K.P.A.,
8 Oakhill Road,
Beckenham,
Kent.

Guy's Crest

Dear Sirs,

Last Saturday I attended a Conference of Local History Societies of East Kent at the Guildhall Sandwich. We were taken over this ancient building after the meeting. In the Court Room, hanging over the door leading to the Mayor's Parlour, is a carving in wood approx. 2ft. x 1ft. 3in. depicting the figure of "Charity surrounding three children." The guide told us that it had come from the old St. Thomas's Hospital. There was a St. Thomas's Hospital in Sandwich as well as in London. I exclaimed, "That is the Crest of Guy's Hospital"

This carving was executed long before Guy's was ever thought of. When Thomas Guy's Trustees took out a Grant of Arms in 1726 either they or the Heralds of The College of Arms were inspired to copy the subject of this carving as the Hospitals Crest and they reproduced it most accurately.

I was most interested at discovering the origin of this beautiful Crest.

Yours sincerely,

KENNETH HOOPER

Shrewsbury Cottage,
Cranbrook,
Kent.

Sport

Welcome again to the playing fields of Guy's. News of the heroic efforts of our boys and girls to disseminate peace-and-harmony-through-sport throughout the untamed jungle of the outside world has reached this scribe in short supply again this month, but many thanks to those intrepid missionaries who have managed to get word back. (Next month's copy date is printed at the back of this magazine. Please take note.)

There is little to report that is not covered in the following articles, but I should like to emphasize particularly the exertions of our cricket team, who by the time this reaches your eyes, will have won or lost the U.H. Cup final against St. Thomas' Hospital (at this point, gargle Listerine mouthwash to remove nasty taste from mouth) I take the liberty to wish them, on your behalf, all the retrospective luck in the world.

CRICKET REPORTS
GUY'S HOSPITAL 1st XI

This season for the cricket club has been one of mixed fortunes fluctuating from very good to very bad, an example of the former being the three U.H. Cup games which we have won to reach the final and of the latter our performance in the other two cup competitions—U.L. and Bertie Joel! The reason for this I am sure is the very variable nature of the side that represents the Hospital and it is a very saddening fact that one cannot afford the luxury of selecting cricket sides, but is more a question of acquisition.

To detail the performance in each game would be rather laborious so I present a summary of the season:—the first game of the season was against Beckenham and with a strong side containing several old faces Guy's reached 236 for

7 dec. with useful performances by Glover (45), Rees (63) and Tunnadine (39). However the day was to be cut short with the game poised at a very interesting point with Beckenham at 67—3 when rain stopped play.

The performance in the U.H. Cup showed Guy's at its best. In the First round against Westminster Hospital at H.O.P. we batted first (a very successful ploy in succeeding rounds) and reached 215 all out after a shaky start. However a strong middle order performance from Tunnadine, Jacks, Shepherd and the emergence of a new star to Guy's—Chris King, left us in a strong position. The captaining of a side of this quality is very easy as players seem to raise their game to the situation. Fielding was excellent and very memorable catches by Greenaway at extra cover off a scorching drive no more than 6in. off the ground and Tunnadine at point left Westminster struggling at 118 for 9 and a spirited last wicket stand to 154 made one or two hearts flutter a little.

In the Second round we met Barts who had narrowly beaten us (68 runs!) two weeks previously in a friendly match and were obviously feeling confident With one of the most important tosses of the season at stake as we only had eight men at Chislehurst, I was extremely pleased to see the "heads" come up. Another very shaky start saw Guy's fall to 41 for 3 off 35 overs but on the arrival of Glover at 12.30 via an excursion to Sevenoaks saw a change in fortunes as he and Tunnadine put on 100 for the fourth wicket in rapid time. Poised for a big score a minor collapse was rectified by Chris King, arriving at 2.30 to bat at No. 9 with a wonderfully fluent innings to convert bowling figures of 31—4 off 11 overs to 52—5 off 12 from their off-spin bowler and his 36 were very valuable.

Bart's looked steady to start but the captain's infamous slower ball did the trick and as Bart's fell further and further behind due to very tidy bowling by Glover they never really looked like getting the runs and were all out for 164.

So on to the semi-final where we met Mary's, rather an unknown force. Being at the distinct advantage of having 11 players before tossing, winning produced the biggest dilemma as although the wicket had been covered heavy rain must have had some effect and in retrospect deciding to bat on the sludge of 11 batsmen *might* have lost us the game and conditions were not easy hence, 43—2 and 43—3 the lucky batsman being John Rees. Yet again a steady performance of the middle order—Shepherd 41 and King 49 with a beautiful innings including three glorious 6's saw us to 203 all out. This turned out to be the closest game and certainly the most exciting all season as fortunes fluctuated several times in the game. At 36—3 we held the advantage but progressive scores of 126—5, 176—7 and 184—9 made for a very tense match.

Credit must go to a very sturdy fielding performance and everybody maintaining enthusiasm. Certainly following this performance we have every hope of winning the final.

Of the rest of the season I think certain performances should best be forgotten and certainly remember not to underestimate the opposition as I did in the U.L. Cup and suffered a very humiliating 10 wicket defeat by Westfield College.

The Past and Present game celebrating the 125th anniversary should be remembered for the vast number of runs scored (515 in the day) in which the Past scored the greater number (277—3 dec.!) and also for the very generous buffet sponsored by the President and Vice-presidents.

I should like to take this opportunity of thanking Dr. Scott the President who is one of the most active that I have known (he even bathes with the players) and I am sure his support is a very important factor in the success of the club.

ALEX WILLIAMS.

REPORT OF 2nd XI

MEN'S HOCKEY, 1979/80

Playing Record:

P	W	D	L	F	A
11	4	1	6	20	22

The record suggests a mediocre season for the 2nd XI and this is hardly surprising as '79–'80 *was* a mediocre season. However some good results were obtained and the greater disappointment was the small number of matches played—through poor weather. The fixture secretary certainly cannot be blamed as he performed a superb task—on one occasion finding a new opposition at five hours' notice. Thanks also for the administrative work by the club officials, for the various umpires during the year (Oastler, Sanders, Cunnington, Sally Clarke et al.) and to Eric, Joyce and their staff for the ground-keeping and "après hockey".

The early matches were very promising with some new talent, notably Richard Norris in midfield and Azim Kwajar at full-back, who remained key figures throughout the season. Mark Batterbury also surprised us twice by playing well as a guest. We had the services of two equally excellent 'keepers —Oastler donning the pads on more occasions than Gilderslieve.

The goal-scoring tally was: Fellowes-Smith 5; Johnston 4; Singh 4; Hart 4; Adams 1; Norris 1; Lawson 1. The position of Fellowes-Smith as top scorer is surprising as he did not play the full season, either playing for the opposition or involved in "disciplinary suspensions". However the figures suggest that he must be a 2nd XI striker in 1980–81.

The 2—1 defeat by Charing Cross 1st XI was one of the high points of the season and showed what a good 2nd XI can do against hospital opposition—although once again we failed to make this point fully by failing to complete a U.H. Cup run—in fact failing to complete a match. We do retain the cup for the nth year but it is about time that this competition was taken more seriously by the other competing hospitals.

The 2—0 defeat at Tulse Hill was debatably the best performance of the season as this traditionally far superior side failed to score (and l o o k e d threatened) until the last three minutes, changing elation into a desire to crawl away to the farthest corner—which certain people did that very evening for quite different reasons.

At Thames Poly. another side of 2nd XI hockey reared its bleary-eyed face, as various aged members turned up; this being the day after the Hollywood Ball most of the players took the field preaching a profound belief in the homeopathic properties of beer.

John Dixon played well up front and a mention also for Steve Adams who was outstanding anywhere on the pitch when he returned to the side. There were also debuts by Dave Heal (who played in most of the matches), Southgate, Hurrell, Sellman and Bush.

Points for attention next season must include P. flick practice for those who are always willing to take them. The midfield of Weighell, Norris and Harper or Singh and the Craigen, Kwajar partnership at the back were the strongest elements of the side, when they were all there. Adams, Darby and Hamish "Easy Rider" Gillespie deputised on occasions and played well although the latter will have to prove his voluntary control over BOTH his hands before he becomes an outstanding back. Andy Lawson played on a number of occasions and others who played were Messrs. Kiln, Vallis and Wilde—the Home Guard of the Hockey Club.

The number of players during the year shows great enthusiasm but also lack of continuity bordering on completely random selection. This must be remedied by greater commitment and more effort to let the Captain know when you are available. Next season must see the 2nd XI pushing for greater consistency—consistency of winning that is—particularly if they are to enter a league. The question of a Saturday league is temporarily closed by a midweek league for a Guy's "A" eleven might well provide the competitiveness sometimes lacking in the side. This is still more important now that the 3rd XI supplements the Spiro's in providing social hockey for those so inclined, and so allows the 2nd XI to rise to a higher standard than previously. We look forward to a more consistent and successful year under the new Captain.

JULIAN HART.

ROWING—THE INTER-HOSPITAL BUMPS

And so, shipmates, we come to the most enjoyable and most hazardous event of the Rowing Calendar—the Inter-Hospital Bumps. Designed mainly for entertainment, with the added spice of competition in the upper echelons, the event took place on three successive days around the middle of May.

We all remember it well! The first day coincided with the T.U.C.'s Day of (In)Action, and despite many train cancellations from Waterloo, the 1st VIII managed to get to Chiswick in time for the advertised start. We arrived, only to find that Bart's, the organisers, had underestimated a strong inland wind (and forgotten we'd converted to B.S.T.!) and hence the first race was two hours late starting.

It was well worth the wait, Guy's having to chase St. Thomas' 5 (The Prost VIII), Tommies entering 10 men's crews in all. They were no match for us, and after a good start we soon ploughed into their stern, their stroke conveniently catching a crab at the moment of impact; the cox was only too keen to acknowledge their defeat.

More train cancellations conspired to delay our return but we finally arrived home in a happily intoxicated state.

The second day arrived, Guy's fielding three crews for the occasion. The first VIII were desperately unlucky in their heat, the crew in front (Tommies' 4) bumping St. Mary's 2, the crew who had caught them the previous night. So, with all opposition out of sight, it just remained for Guy's 1 to row through the course, retaining the same position for the following night.

The 2nd VIII, a scratch crew, thoroughly enjoyed themselves and would surely have performed much better had they managed to start without digging up half of the bank with Bow side's oars! They had to undergo a rapid boat change when the rudder was sliced off their boat for the second year in succession, so all credit to them, as most had never rowed as far as the start was upstream!

The third crew was assembled from the Rugby team, and well-lubricated (hic!) they set off into the setting sun, showing immense power but very little technique—not surprising as five of them didn't know one end of an oar from the other! Their first experience of rowing was made all the more enjoyable by the pleasant scenery—all the ladies' crews were rowing just behind them! They proved to be the most vocal (if not the most successful) crew on the river! So, thanks for having a go lads—hope to see you next year!

Guy's 1 arrived for the third day hungry for revenge and, getting their best start of the competition, left the chasing crew, Charing Cross 1, on the bank. St. Mary's 2 were the prey, and they were soon being driven towards the far side of the river. Taking a suicidal course across the stream to try to escape, they were soon bumped, and Guy's 1 had two wins and a draw to show for their efforts, a record bettered only by the excellent Westminster 1 crew in their Division.

The second crew proved much better than the previous night—they managed to get off the bank before they were caught! The ubiquitous Sukhpal said he felt "like a real oarsman"—delusions of grandeur, Singh, old buddy! Still, I think Tim was actually quite proud of his dis-articulated spider!

The trophies for the U.H. regatta were finally presented after the last race, the Men's VIII receiving tankards for the Junior Division, and the Ladies' IV being awarded smaller models for their victory in the Novice IV.

An excellent three days of rowing, then, with Guy's 1 climbing slowly but surely back towards the top of the first Division, and the 2nd and 3rd VIIIs coping admirably in the circumstances, and having a good time in the bargain. Let's hope Guy's can field twice as many crews next year!

SIMON WARD.

Crews

1st VIII—Bow, Tim Johnson; 2, Steve Smith; 3, Bruce Irving; 4, Richard Johnston; 5, Simon Ward; 6, Andrew Wood; 7, Roger Matthews; Stroke, Chris Newson; Cox, Tim Zilkha.

2nd VIII (Thursday)—Bow, Sukhpal Singh; 2, Dan Hegarty; 3, Andy Kent; 4, Geoff Down; 5, Paul Reynolds; 6, Dave Lubel; 7, John Holden; 8, Paul Langtry; Cox, Sim Hamilton.

(Friday)—Bow, Sukhpal Singh; 2, Dan Hegarty; 3, Andy Kent; 4, Paul Upton; 5, Andy Blaikley; 6, Geoff Down; 7, Paul Reynolds; 8, Paul Langtry; Cox, Sim Hamilton.

3rd VIII—Bow, Mike Bundy; 2, Steve Duckworth; 3, Harri Williams; 4, Mike Hackett; 5, Chris Donovan; 6, Alan Jones; 7, Chris Birtwhistle; Stroke, Dave Lloyd; Cox, Simon Fletcher.

Hospital Information

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PASS LIST

UNIVERSITY OF LONDON

Third (MB BS) Examination for Medical Degrees

R. B. Hartley

PhD—Medicine

Ms. D. J. A. Appleford (Immunology/Virology)

R. A. Burn-Murdoch (Dentistry)

D. F. Webster (Biochemistry and Anatomy)

BIRTH

JOHNSON—On 7th June, at home, to Wendy (née Aris) and Stephen, a daughter, Victoria Charlotte Anna, a sister for Lucinda.

DEATHS

URBANI—Cyril Philip: qualified at Guy's L.D.S. 1923. Died at Worthing on 28th May, 1980.

TIMMIS, John Chetwynd, of 66 Greystoke Road, Cambridge was Area Dental Officer for the Cambridge Area Health Authority. He qualified LDS from Guy's in 1941 and obtained the DDPH in 1970. He died in Addenbrooke's Hospital on Wednesday, 28th May, 1980.

WRIGHT, Edward G. ("Pop" to his many friends) of 9 Hannan Road, West Norwood, S.E.27, died suddenly on May 14th, 1980. He was the loving husband of Phyllis (née Halford) and father of Jimmy, Rosemary and Robert.

BAKER—Raymond Dudley; Qualified L.D.S., R.C.S., Guy's 1949, died suddenly on 2nd July, 1980 at Maidstone, aged 54 years.

ENGAGEMENT

MERIVALE—OLDING. The engagement is announced of Mr. Charles Merivale and Miss Jane Olding.

MARRIAGE

ALDIS—RAILEY—Jim Aldis and Kiah Railey are to be married at St. Mark's Church, Kennington on July 19th. Address: 17 The Polygon, Old Town, Clapham, SW4 0JG.

PERSONAL

SOUTH DEVON—An excellent opportunity to share in provision of dental services to the local community in a pleasant market town close to the sea. Two principals seek an associate with an interest in increasing his/her knowledge of dentistry. The successful applicant would be encouraged to pursue vocational training. Laboratory facilities and use of the local hospital are available for advanced prosthodontics and oral surgery. Telephone Mr. Millman (054857 778 evenings) or Mr. Dainty (0548 2161 evenings) for further details.

HOLIDAY CHALET—To let. Any period. Mid-Wales, five miles from coast. Sleeps four. Phone 061 928 1525, evenings.

SCIALYTIC LIGHT—Is any Guy's man interested in a Scialytic Operating Light recently removed from Cornelius Ward (treatment room/operating theatre). About 3ft. 6in. diameter, suspended on counter-balanced steel wires from an approx. 1ft. cube fixed to the ceiling (which must be strong). No reasonable offer refused. Contact Asst. Sector Administrator, extension 3149.

The Editors regret that there have been problems in compiling "Hospital Information" recently due to postal delays and the provincial printing dispute.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 2 months are 18th August and 15th September 1980 (Freshers' Issue).

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Guy's Hospital Gazette

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GUY'S HOSPITAL
LONDON, S.E.1.

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

	Page
PASSIM	273
NEWS IN BRIEF	274
OBITUARIES Keith Duff Tom Chick J. H. D. Myatt	281
CLUBS' UNION NEWS	282
A REPORT ON MAJOR BUILDING SCHEMES AT GUY'S by J. H. Carruthers	283
SHERLOCK HOLMES & DR. WATSON (PART III) by Maurice Campbell	289
125th ANNIVERSARY OF THE CRICKET CLUB by John Rees	292
OH WHAT A LOVELY WAR reviewed by Justin McArthur	294
THE MENTAL SIDE OF SPORT by Maurice Yaffé	297
IN BYGONE DAYS	299
NURSING	300
PHYSIOTHERAPY	302
BOOK REVIEWS	303
CORRESPONDENCE	305
SPORT	307
HOSPITAL INFORMATION	310

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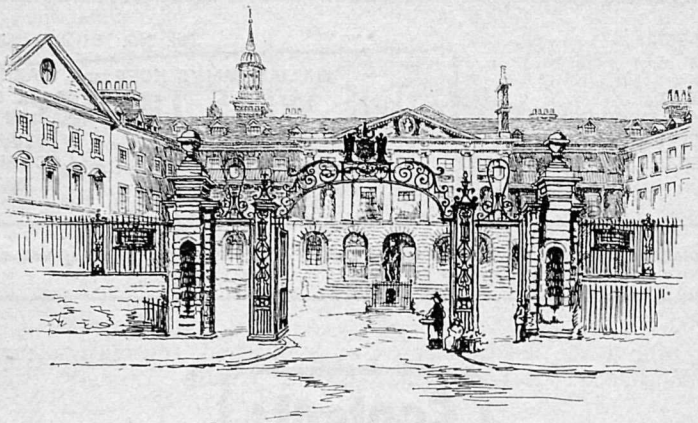
Guy's Notelets



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Passim

The *Gazette* has, over the past few years, chronicled several rather depressing sets of statistics about the results in the Final MB BS examinations of the University of London. *Passim* has murmured discontent, our correspondence has been acrimonious, and the results have been catalogued in the correspondence of such esteemed organs as the Lancet (14th June 1980) and the Times Higher Education Supplement (4th July 1980)—*"thanks"* to two members of the staff of King's College.

It is, therefore, a doubly glad task for the *Gazette* to announce this year's results—which are a timely affirmation of the excellence of this Hospital as a teaching institution. Guy's men, of course, do not require mere statistics to appreciate this fact, but those of lesser institutions must need reminding. The table of results at London University teaching hospitals for the students qualifying at the first attempt speaks for itself:

	% Pass	*% Honours*
Guy's	96	9
K.C.H.M.S.	94	5
St. Bart's	94	9
St. Mary's	93	5
U.C.H.M.S.	91	6
St. George's	89	13
Royal Free	89	4
St. Thomas'	87	5
London	85	3
Middlesex	84	5
Westminster	80	5
Charing Cross	78	3

It can be seen that, this year, Guy's enjoyed a clear lead in the percentage pass rate, and was joint second in the percentage of Honours students. This is a crushing retort to those people who, for their own advantage, have tried to denigrate the name and success of this Hospital.

As was mentioned in last month's *Passim,* the Flowers Report has been delayed, largely due to some vicious infighting by those who came off badly in the report. Defence of one's own institution is a highly laudable and understandable aim (we too are of the opinion that loyalty to one's own Hospital is somewhat more than 'primitive' or 'tribal'), but is greatly to be regretted when people stray from face-to-face combat and the extolment of their own virtues, to the attempted mud-slinging which some people at other institutions have indulged in. With this year's results it should be evident to all that certain people have been hoist by their own petard.

News in Brief

Miss Jean Farmer

We deeply regret to announce the sudden death of Miss Jean Farmer, Wills Librarian since 1971, on Saturday, 16th August. We are sure that all Guy's men of recent years are grateful for the efficiency and humanity which she displayed in this post.

Sir Cyril A. Clarke

We offer our heartiest congratulations to Sir Cyril Clarke for his recent award of an honorary Doctorate of Science by the University of London, and for the award of an Emeritus Fellowship by the Trustees of the Leverhulme Trust.

Chair of Rheumatology

The Chair of Rheumatology, which was announced on p. 188 of the *Gazette* has been awarded to Dr. G. S. Panayi, formerly Senior Lecturer in Rheumatology at the Hospital.

Nursing Mirror 1980 Exhibition

This will be held in the Royal Festival Hall from September 1st to 4th. Dr. Gerard Vaughan (Minister of State for Health) opens the exhibition, which runs concurrently with the second International Conference on Cancer Nursing.

Professor Wallace Fox

We congratulate Professor Wallace Fox who has been awarded the Honorary Medal of the Czechoslovak Medical Society.

W. M. E. Tweed and H. D. W. Plowright

Our congratulations to Dr. W. M. E. Tweed, who has recently been elected a Fellow of The Royal College of Obstetricians and Gynaecologists in London. Dr. Tweed and Howard Plowright have also become Foundation Fellows of the Australian College of Obstetricians and Gynaecologists

MediScene

We are always interested in new journals for doctors, and give an especial welcome to MediScene, which is the journal of the Overseas Doctors' Association in the U.K. We hope that this publication will be of assistance to this often neglected branch of the National Health Service.

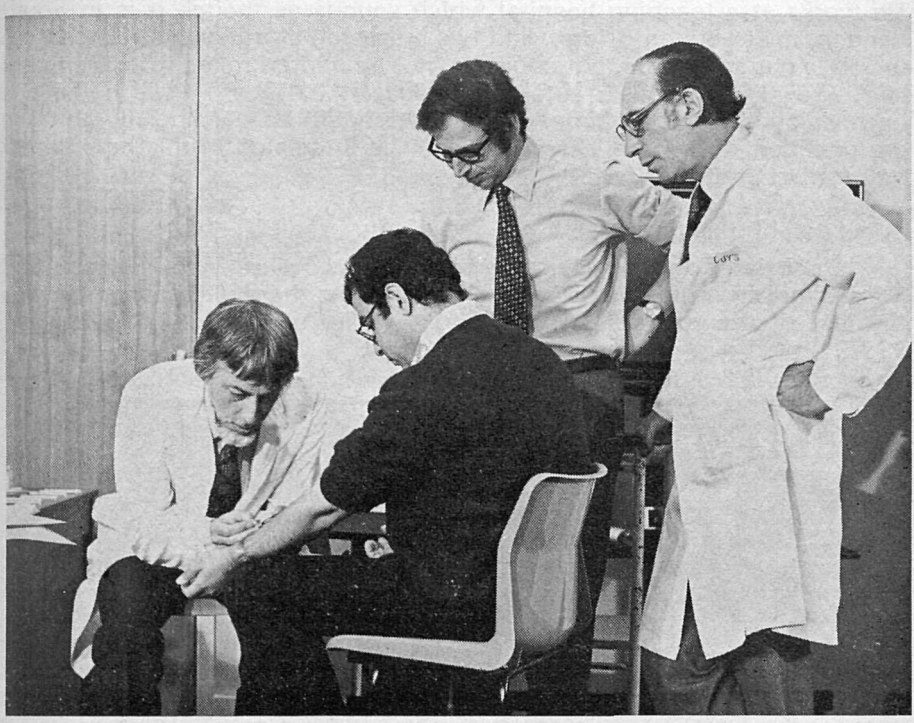
Miss Elizabeth Viner

Congratulations to Miss Elizabeth Viner, a Guy's trained nurse, who was awarded a Royal Red Cross in the Birthday Honours List. Miss Viner is a captain in The Queen Alexandra Royal Army Nursing Corps, and is stationed at Aldershot, where she is head of the training school for army theatre sisters.

Biosynthetic Human Insulin

The first tests of biosynthetic human insulin produced by recombinant DNA technology are being carried out by the Unit for Metabolic Medicine at Guy's Hospital, London, under the direction of Professor Harry Keen, Professor of Human Metabolism in collaboration with the Eli Lilly Research Centre in Surrey.

Success in this new method of producing human insulin would be a notable step forward—not only opening the way to readier availability of human insulin, but also to the production of other hormones of value in the treatment and prevention of disease.



Dr. J. Jarrett, Research Associate at Guy's Hospital, injects biosynthetic human insulin into the arm of a volunteer. Also seen here are Dr. Alan Glynne, Director of Clinical Industries, Lilly Research Centre; and Professor Harry Keen, Professor of Human Metabolism, Guy's, under whose supervision the tests are being carried out.

Mrs. Susan Parroy, M.C.S.P.

Mrs. Parroy, a student-teacher in the School of Physiotherapy, has been awarded one of the two A.R.C. grants given this year and has secured a place at the University of Surrey to follow the Biomechanics M.Sc. course. The other grant was awarded to a physiotherapy teacher from St. Thomas'. Mrs. Parroy gained a distinction in the University of London Cert. Ed. Course at Garnett College, Roehampton.

A Novel Direction

Dr. David Stafford-Clark retired from the York Clinic a few years ago. While still in harness he presented his famous television programmes of twenty years ago which did so much good for the psychiatric profession, advised on the film of the life of Freud, delivered many scintillating lectures, and left vivid memories with thousands of Guy's men. He wrote poetry, *Psychiatry Today* (in print for twenty years), *Psychiatry for Students* (now in the fifth edition), *What Freud Really Said*, *Five Questions in Search of an Answer*, but until his retirement, no novel.

Now we have *Soldier Without a Rifle* (Collins). The hero is a psychiatrist with a wise and profound knowledge of the human heart. He works at a teaching hospital which sounds as though it is in South London, near London Bridge, and has a session at a Psychiatric Institute which is not said to be, but could be, not a hundred miles from Denmark Hill. Are all first novels autobiographical? A review of this novel has been delayed for some time, although it should appear shortly—but we are confident that many Guy's men will be interested in this new departure for Dr. Stafford-Clark.

The Last of the First

Dr. Brian Edwards says farewell to Miss Paine, Mrs. Hawkins and Miss Simpson on leaving Wolfson House upon the 31st of July. He was the last of the founder tenants who took up residence in September, 1975.

The Hume Kendall Trust

The Trust was established in 1969 by the Medical and Dental Staff of Guy's as a memorial to Patrick Hume Kendall, Director of the Department of Physical Medicine, who died at the age of 39 leaving a widow and three young sons.

The Trust comprises two separate funds:

(a) An Education Fund to afford financial assistance for the education of the sons and daughters of doctors and dentists—including training for a professional or business career. This is a registered charity, and is available to assist in cases of financial difficulty due to some family tragedy.

(b) A General Fund to afford financial assistance to:

(i) Guy's men who are obliged through ill health to retire before normal retirement age; and

(ii) the dependants of Guy's men who die before attaining normal retirement age. This is not a registered charity in view of the general nature of the assistance afforded.

Since its establishment, assistance amounting to approximately £11,500 has been given to six families and the Trustees are most grateful to all those who have subscribed either by way of covenant or donation. They greatly hope that younger Guy's men will begin to subscribe annually by Covenant or donation, however small, so that the Trust may be a permanent memorial and of lasting usefulness.

The Secretary of the Trust is Mr. D. G. Bompas, the Secretary of the Medical and Dental Schools, and donations and applications for assistance should be addressed to him at Guy's Hospital Medical School, London Bridge, SE1 9RT. Deeds of Covenant and Banker's Order forms are available on request.

HSA Scholarships for 1980/81

Last year the scope of Hospital Saving Association (HSA) Nursing Scholarships was widened to include a greater variety of short courses. For the coming year the scholarships themselves have been increased to meet the rising cost of living. Fees and maintenance grants for full-time courses have been raised from £185 to £222 a month; for part-time courses from £33 to £40 a month. Book prizes for both courses are raised from £66 to £80.

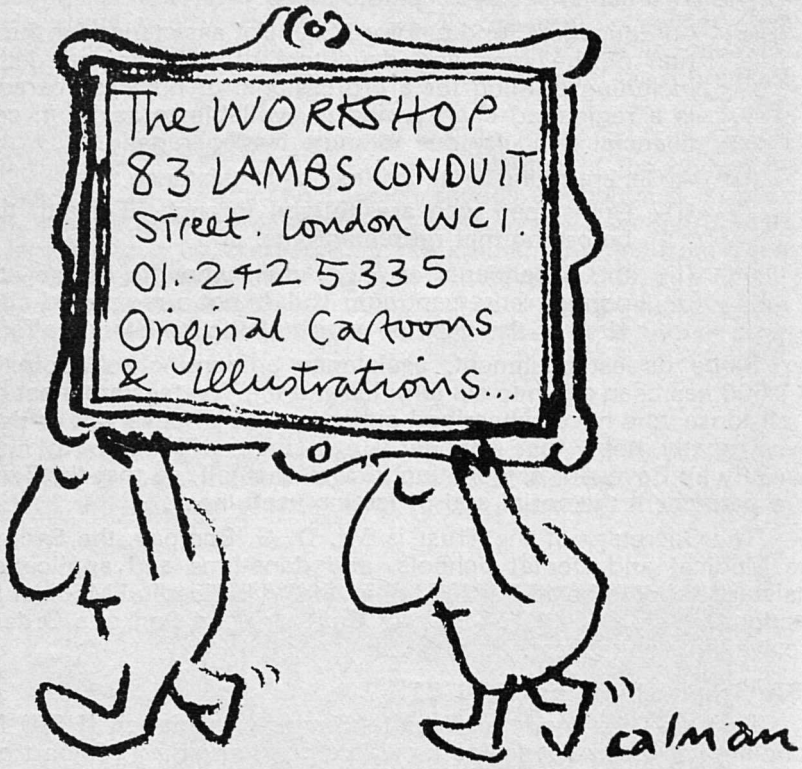
The scholarships, for State Registered Nurses, are awarded annually by The Hospital Saving Association Charitable Trust. They are a mark of appreciation of the care received in our hospitals each year by thousands of HSA contributors and their families, and help outstanding nurses to obtain advanced qualifications, and to pass on their knowledge to others.

The examinations, which are conducted by The Royal College of Nursing, will be held in London on Thursday, 11th December, 1980, and application must be made before Friday, 31st October, 1980.

Application forms can be obtained either from the Secretary, HSA Charitable Trust, 30 Lancaster Gate, London, W2 3LT, or from The Director of Education, The Royal College of Nursing of the United Kingdom, Henrietta Place, London, W1M 0AB. All forms must be *returned* to The Royal College of Nursing.

This Month's Cover

This shows a cartoon by Mr. Mel Calman, who kindly gave the *Gazette* permission to reproduce it. Our thanks also to Dr. Maurice Yaffé for organising this. Copies of the cartoon can be obtained very cheaply at Mr. Calman's gallery, details of which are below:



Robens Suite

Many staff will know of the existence of the District's Hospitality Suite situated on the 29th Floor of Guy's Tower and its use for various types of function.

Recently, the District Management Team have altered the conditions for use of the Suite and full details of the changes are listed below.

Conditions of Use

In normal circumstances, members of Guy's personnel with at least five years service may have the use of the Suite for a social function. Professional organisations connected with the Health Service may also use the Suite for meetings, receptions, etc.

Dancing is not permitted in the Suite as the room is fully carpeted and is not suitable for this purpose.

Background music is permitted but discos are not allowed.

Catering Services

The Suite has full kitchen facilities including gas burners, grills, oven, bain maries, hot cupboards, an ice making machine, refrigerator and double stainless steel sink and drainer. No other equipment, e.g. cutlery, crockery, glasses, etc., is provided.

Arrangements can be made with the District Catering Manager for the provision of any catering service and organisers are requested to contact Lee Soden on Ext. 3403.

Fees

A new scale of charges has recently been introduced and full details are available on request.

Any member of the staff or representative of an organisation within Guy's Health District who wishes to book the Suite or wishes to make further enquiries should contact Lee Soden on Ext. 3403.

Gazette caption competition

Our thanks to Professor Rowe for sending us the above photograph (which was produced by the Dental Photographic Dept.). Amongst his suggested captions were the following:

(a) Is this a FLOWER pot?

(b) A reunion at last!

(c) The start of the new Lister School?

We are always pleased to receive prints and photographs and to consider them for publication.

Macdonald Cup

The Dental Staff/Student Golf Competition was held at Selsdon Park Golf Club on Monday, 28th July, 1980 when the above trophy was won by Mr. A. W. M. Baker who narrowly defeated last year's winner, Mr. D. Webber.

GHRFC: 200 Wine Club

The Rugby Club has, for the past two years, organised a raffle under the name of the 200 Club, to raise money to meet extra-budget expenses. Given its modest objectives, the scheme has been a tremendous success—it helped to finance the Easter tour to Germany.

However, there has been a dramatic change in its financial requirements as a result of receiving an invitation to tour the West Coast of America in 1982. Such a trip would necessitate assistance on a far grander scale than can presently be provided by the 200 Club.

Therefore, it is launching a new scheme, to be called the 200 Wine Club, aimed at contributing a substantial proportion of the funds necessary for such an event in the future. There will be, twice monthly throughout the season, and monthly in that dark and desolate period between seasons, a draw for a case of fine wine, or two cases of vin de table (the winner's choice). To illustrate the kind of fine wines that will be offered as prizes, the first draw will be for a case of Chateau Ramage la Batisse (1971), a Cru Bourgeois Supérieur from the Haut Médoc region.

A ticket for all the year's draws will be priced at £12 (£20 for two). It would be preferable if payment were made by banker's order; one can be found after *Hospital Information*.

It is the intention to raise as much money as possible to enable the Rugby Club to accept the invitation that has been offered, and this is the first of many schemes towards that end. It is hoped that the attractiveness of a case of fine wine as a prize will appeal not only to supporters of the Rugby Club, but to bons viveurs in general. Former members of the 200 Club need not reply: they will be contacted separately. All correspondence to Steve Kennedy, Rugby Tour Organiser, Boland House.

Please return the parcel!

It would be much appreciated if the white coated male who inadvertently collected a parcel addressed to Miss P. Archer, Medical Illustration Department from the Foyer of Guy's Tower on the evening of 6th May, 1980, PLEASE return it to that department. The student who sent the enclosed medical drawings has already missed one examination assessment due to this unfortunate mistake and if they are not returned soon will miss the next one.

Miss Agnes West

Miss Agnes West, a long serving member of the Services Branch of the Friends of Guy's has died at the age of 86. A quiet memorial service will be held after Communion on September 17th at 1.15 p.m.

Dates from the Medical Diary

September

Mon. 15 Preliminary Examination for Studies in Medical Subjects may begin.

Mon. 22 Basic Medical Sciences Examinations (Resit) begin.
Final Conjoint Examination begins.
Projects for the Richard Ellis and Handicap Essay Prizes must be handed into the Medical School Office by this date.

Mon. 29 *WINTER TERM BEGINS.*
New Students' Calendar (1980/81) available from Medical School Office.

Dates from the Dental Diary

September

Wed. 10 Applications for the Third B.D.S. (Nov./Dec.) Examination, Parts I, II, III, IV and V (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Mon. 15 Written Paper for Final Year Prize—this week.

Mon. 15 Final L.D.S. Examination, Part II (Dental Prosthetics) begins.

Mon. 15 Applications close for the First L.D.S. Examination.
N.B. The Preliminary Examination for Studies in Medical Subjects will begin this week.

Mon. 22 Final L.D.S. Examination, Part I begins.

Mon. 22 Entries close for the Prize in Children's Dentistry, including Orthodontics.

Obituary

KEITH DUFF, F.R.C.S., F.R.C.O.G.

Keith Duff died at his home at Andover on 28th July, 1980, aged 86. His career as a Dental Student was interrupted by the Great War, after which he converted to medicine, qualifying in 1919.

As R.M.O. Bright, with the late Arthur Verley, he installed at Guy's the first piped wireless system to the wards, and he believed, the first in the country.

He emigrated to Kenya in 1946 to pursue his career in Gynaecology, returning to England in 1975. He leaves two sons, the younger of whom is an ear, nose and throat surgeon in Pietermaritzburg, South Africa.

TOM CHICK

Guy's men of the '50s and '60s will learn with sadness of the death of Tom Chick on 13th April at the age of 65 years.

Tom Chick came to the School from Barts as Assistant Groundsman in May, 1951 and succeeded Harold Kirby as Groundsman in

August, 1962. In 1969 he had a major operation in Guy's and subsequently he was Steward at H.O.P. until 1973, when he resigned to take up work which was less demanding physically. He moved to Peterborough and worked in the Peterborough Building Society Office until November, 1979, when he finally retired.

In this last six years Tom had only one day's absence from work for sickness, but tragically he was not permitted to enjoy his well-earned retirement. He died in his sleep after four months of severe illness.

Our deepest sympathy goes to Dorothy Chick.

J. H. D. Myatt, L.D.S., R.C.S.

After training at Guy's Mr. Myatt practised at Stoke and Shelton from 1921 until his retirement in 1958. He was a founder-member of the North Staffordshire Society of Dental Surgeons, being president and holding other offices for many years. In 1936 he was president of the odontological section of the Birmingham Medical Institute, and among his wide interests was that of being a keen beekeeper.

One of North Staffordshire's most respected retired dental surgeons, he died at the age of 90. We extend our deepest sympathy to his family and friends.

Clubs' Union News

The outstanding event of recent weeks was The University of London Training School held at Wye College, Kent, on 4th–6th July, 1980. Many of the constituent Colleges of the University of London have sabbatical years for their Union officers; the Training School is therefore held in the Summer and attempts to prepare the incoming Officers for the tasks which await them.

George Noble, the Union Secretary, and I attended this gathering; it was a most profitable weekend. The Agenda was vast, encompassing virtually all the fields in which Union Officers graze; as they are students, the whole student scene was represented. Some of the items, for example, Part-time and Overseas Students, were less applicable to Guy's Clubs' Union, but the majority of the discussions yielded useful information.

The weekend commenced with an explanation of the structures of the University and its Union—baffling to the uninitiated. Further subjects covered were Entertainment (all about contracts), Financing (how to earn more—i.e. Games Machines), London Student Travel, N.H.S. Marketing, Publicity and Housing, to name but a few.

The information side was thus well covered; the basic skills required of Union Officers were also taught by two excellent films, starring John Cleese, on how to organise meetings and how to take decisions. Light relief was provided by the Universities' Press Officer who gave a most entertaining talk on "The University—Its Life and Times".

The final, possibly the greatest, advantage of attending was that of meeting other Officers and the U.L.U. Team. Over half the constituent Colleges of U.L.U. were represented and their Officers provided a fascinating glimpse into "How Everybody Else Lives". Common problems were discussed, mistakes shared and successes celebrated. An enjoyable and valuable weekend, further enhanced by the absence of "Politics", the most emotive word in the student vocabulary!

Full details of Freshers' Week will appear in the next issue. However, the Freshers' Fair will be held in the Ballroom during the afternoon of Monday ,29th September. The Sports Trials will be held at Honor Oak Park on Wednesday, 1st October, followed by a Barbecue and Disco in the pavilion.

Deb Brooke.

A Report on Major Building Schemes at Guy's

by J. H. Carruthers, District Administrator

The Special Trustees of Guy's Hospital have recently approved financial allocations for three major building schemes in the Guy's environs. These schemes are all ones which have been 'on the stocks' for some years, and it is a fillip to Hospital morale, at a time when Government finance is restricted, that the Special Trustees have been able to fund this work.

1. Guy's House—Chapel Wing

Many will know that, following damage sustained during the second world war, the east wing of Guy's House—Boland House—was completely re-built, the design retaining in flavour the character and form of the original Georgian building. At the same time the centre block of Guy's House was re-furbished to provide on its upper floors staff residential accommodation with the Superintendent's Office, Nursing Administration and Counting House on the ground floor.

The Chapel, or West Wing facing the entrance courtyard, contains the Hospital Chapel and Crypt which are very fine examples of Georgian interior architecture and have been kept in good order over the years. Unfortunately, owing to the age of the building which surrounds it, additional ceiling supports had to be introduced into the Chapel in 1966, in the form of large castellated steel beams, which detract from the overall beauty.

The areas surrounding the Chapel were used in former times as residential accommodation for the Hospital Superintendent and Matron, and have recently been used for various residential and administrative purposes. The basement contains the sandwich bar, the staff club and nurses' changing accommodation.

The age and present state of the building which is a Grade II listed building within the Borough High Street conservation area, dictates that, if it is to be preserved as a building of architectural and historical merit, remedial works should be carried out in the near future.

A bird's eye view of Guy's House showing the re-built East Wing on the left, the refurbished Central Block and the original Chapel Wing to the right of the picture.

The Board of Governors prior to its dissolution in 1974 were very conscious of the need to preserve this link with Guy's past history. The Special Trustees have accepted responsibility for this commitment and have therefore agreed to pay for the refurbishment of the Wing together with the replacement of the steel beams within the Chapel by concealed supports above the ceiling, which will restore the Chapel to its former glory.

It is intended that the refurbished accommodation will retain, in upgraded form, the Hospitality Suite, its kitchen and overnight stay accommodation, and will house, among others, the Hospital's Finance Department and Development Works Office, thus enabling them to vacate short term leased accommodation.

It is hoped that the basement sandwich bar and staff club will remain in operation during most of the building work period. It will be appreciated that restoration and refurbishment of a building of this age will be of a delicate and involved nature. The Georgian interior to the building will remain unchanged, but the interior will be refurbished as far as possible maintaining the original character while providing the necessary finishes, means of escape etc., to meet the latest requirements. Every effort will be made to reduce to a minimum the noise and dust disturbance to nearby offices and bedrooms, but apologies are given in advance for the inconvenience which will necessarily be caused.

During the building work period, the Front Quadrangle will have to be used as a contractor's compound and storage area. At the same time the opportunity will be taken to replace a section of the drain from the East Wing kitchens, which cuts across the entrance courtyard. This drain, which often blocks is sited at least 15ft. underground, and its replacement will therefore involve considerable excavation work.

Pedestrian access will be preserved to the East Wing and through to the Colonnade, and access will be allowed through the site compound for deliveries to the Staff Club.

The statue of Thomas Guy is to be carefully boarded up for the duration of the works, and advice has been obtained from the Victoria and Albert Museum on this operation.

Tenders for the building and engineering works will be invited shortly. Work is programmed to start in September 1980 and will take approximately 13–15 months.

2. New Mortuary & Post Mortem Room:

The Hospital's Mortuary is currently housed in the ground floor of the Old Pathology Block, a building which is not owned by the Hospital and for which the lease again expires in December, 1981. The Mortuary itself is inadequate and does not meet fully the recommendations of the Howie Report *"The Code of Practice for Prevention of Infection in Laboratories etc."*, recently issued.

Those who have investigated beyond the brick archway leading to the rear of Shepherds House and to the Hospital's Central Stores and the Borough High Street, will have been faced with the sight of the derelict building which once housed the Hospital Laundry. This building has been abandoned for some years, following fire damage and the completion of the new District Laundry at Deptford.

The old Hospital Laundry was built in the late 1800's and at the same time a new well was sunk in the Laundry Yard. Correspondence in the Hospital's Strong Room shows us that the then Treasurer, Thomas Turner, was in contention with the Contractor and with Hospital staff at the delayed completion of the scheme and at its final excessive cost. Although such a situation is not unfamiliar in connection with building today, it is hoped that work will proceed shortly with this project which should begin in early August 1980 and be commissioned by early 1982.

It is intended to convert the shell of this building into a new and up-to-date Mortuary and Post Mortem Room which has been designed to meet modern practice and the recommendations of the Howie Report. This will be achieved by demolishing the upper, unsound storey and the archway link to the old pathology building, and fitting out the ground floor as single storey accommodation within restored brick enclosing walls.

Below: The Old Hospital Laundry building from the 'Laundry Yard'.

Accommodation will include a central body storage area with cold compartments for 36 bodies (2 of which can be reduced to freezing if required), a large four-table post mortem room with viewing gallery, a single table infected post mortem room, ancillary facilities such as workshop, technicians office, pathologist's office, changing accommodation and rest room, and a large tissue laboratory. A separate entrance is planned for bereaved relatives, leading to a suitably furnished and finished waiting room and viewing chapel. In the old laundry yard there will be a screened and roofed body-receiving and hearse-loading bay fitted with an electrohydraulic body lift platform.

3. Elizabeth Newcomen Housing:

At the present time the Hospital occupies most of the accommodation along the south side of St. Thomas Street from The Loose Vine to Keat's House, plus part of White Hart Yard, as residential accommodation for house officers and nursing staff. This accommodation is also leasehold and again our occupancy must terminate by the end of 1981.

To this end the Special Trustees have purchased the site of the old Elizabeth Newcomen School on the corner of Crosby Row and Newcomen Street. The old school has been standing derelict for some years and is the haunt of tramps. It is the intention to demolish this building and build a residential complex which will provide 20 single bed flats, 9 four person flats and 12 two bedroom maisonettes.

The single bed flats include a small cooking area and a separate bathroom. All are located on the ground floor accessible from an enclosed corridor. The four person flats are designed to accommodate four people, each of whom will have a private bedsitting room. Kitchen, dining room and bathroom/W.C.'s will be shared between the four and there is a single front door to each flat. The two bedroom maisonettes are intended primarily for married house officers and are arranged with acess at the lower level leading to kitchen and living/dining room. An internal staircase leads to the two bedrooms and bathroom. Each maisonette has a small balcony accessible from the living area.

All these units will be self-contained, each having its own central heating system and services. Apart from the maisonettes for doctors it is the intention that they will be let on short-term leases (6 months minimum) priority being given to nursing staff and paramedical staff in the same way as similar units in Wolfson House. Occupants will pay a rent for the premises which will include local authority and water rates but will exclude electricity, gas, telephone, etc. for which each occupant will be personally responsible.

The units will be provided with all basic furniture; these will be of a neutral character thus enabling occupants to supplement and adapt to their own personal colour choice.

The development is designed to be inward looking with living accommodation arranged around a landscaped internal courtyard. All living rooms and bedrooms have windows strategically placed to receive the maximum benefit from British sunshine.

Access to the building will be through a single door equipped with an entryphone. From this door, tenants proceed via open balconies to their own front door.

Above: Elizabeth Newcomen School taken from the roof of Nuffield House.

The existing trees and cast iron railings are being preserved for inclusion in the new scheme, together with a false stone campanile from the west gable of the School and its original dedication stone. It is a convenient historical pun that this latter can be read either as 1891 or 1981, thus hopefully setting out both building completion dates!

It is anticipated that building will start early in July and be completed by the end of 1981.

Guy's has cause to be grateful to the Special Trustees for funding these important projects. Not only will they provide much needed improved accommodation for residential and other purposes but they will also enhance the environment of the Hospital by renovating or replacing several buildings on or adjacent to the campus including almost the earliest part of the Hospital.

Sherlock Holmes and Dr. Watson
A Medical Digression (Part III)

by Maurice Campbell, O.B.E., D.M., F.R.C.P.

Diseases of the lungs

Consumption is mentioned in several of the stories, and accurately, as a likely cause of death in a young person. Thus the young wife of the Cambridge rugger captain died of consumption of the most virulent kind (The Missing Three-Quarter), and it was the death of the consumptive tutor that led to the collapse of Stapleton's school (The Hound of the Baskervilles). When Moriarty wished to find Holmes alone he recalled Watson to the Swiss hotel with a faked message about the English lady in the last stages of consumption who had just suffered from hæmoptysis (The Final Problem). In this Watson appeared to share the Victorian view that Switzerland was the correct treatment for consumption, or perhaps he merely knew that it was likely a patient would be sent there by other doctors. He did not share the novelist's convention that the heroine, disappointed in love, went into a decline and died of galloping consumption, though when Miss Hetty Doran heard of the supposed death of her husband, whom she had married secretly, her father had suspected that she had a decline and had taken her to half the doctors in San Francisco (The Noble Bachelor).

Except for these cases of tuberculosis there is little about diseases of the lungs. Detective Athelney Jones, red-faced, burly, and plethoric, with a pair of small twinkling eyes, which looked out keenly from swollen and puffy pouches, probably had chronic bronchitis and emphysema, for his breathlessness and wheezing are mentioned (The Sign of Four), and Mr. McFarlane had asthma (The Norwood Builder).

Nervous diseases

These appear in many of the stories, and Watson was evidently interested but his knowledge was less accurate than on other subjects; though we must remember that since then great strides have been made in psychology and in the distinction between diseases that are primarily of the brain and others that are of the mind.

Taking first those with a physical basis in the brain, two cases of cerebral hæmorrhage have already been discussed, and here Watson's knowledge was first-class. St. Vitus' dance is a rather wide term in medicine, because it was originally applied in the Middle Ages to a hysterical dancing gait (chorea major), which was often cured by a pilgrimage to the tomb of St. Vitus, at Zebern, and was unfortunately adopted by Sydenham, the great English physician, to a totally distinct disease with jerky movements caused by the effect of acute rheumatism in the brain (Sydenham's or rheumatic chorea). But Watson uses the term in neither of these senses, for Mr. Latimer, "whose lips and eyelids were constantly twiching like a man with St. Vitus' dance" (The Greek Interpreter), presumably had a nervous tic or habit spasm which some of the older books called habit chorea.

And Dr. Farquhar, who sold his Paddington practice to Watson because he suffered from an affection of the nature of St. Vitus dance (The Stockbroker's Clerk), more likely had paralysis agitans; he might have had Huntington's chorea, a hereditary disease ending in madness, but this is a very rare condition. Watson remarks shrewdly that the practice had declined greatly because the public look askance at the curative powers of the man whose case is beyond the reach of his own drugs.

Nor can we think very highly of Watson's knowledge of epilepsy, for he was deceived when Holmes pretended to have a fit (The Reigate Squires). But even Dr. Peter Trevalyan, of King's College Hospital, who was specially interested in catalepsy after winning the Bruce Pinkerton prize for his monograph *On Obscure Nervous Lesions,* was deceived by the simulated catalepsy of one of the Worthington bank gang when they came to wreak their revenge on Blessington (The Resident Patient).

Turning to the opposite group of purely mental diseases, these are not often referred to, but Watson suggested that the destruction of the plaster casts of Napoleon was due to a monomaniac with *idée fixe* —as the French psychologists call it—just as we can imagine a modern anti-Fascist destroying all effigies of Mussolini (The Six Napoleons). Hysteria is mentioned twice on occasions when it might be expected quite naturally. The first, when Rachel Howells, the Welsh maid, became acutely ill, sometimes delirious, sometimes hysterical, after the mysterious death of the butler who had been her lover (The Musgrave Ritual); her subsequent disappearance may well have been an hysterical fugue with genuine loss of memory. The second was when Mr. Hatherley burst into peals of hysterical laughter after Watson had dressed the stump of his thumb (The Engineer's Thumb).

A large number of references are to acute mental illnesses following shock. Thus Mrs. Barclay became temporarily insane from shock when she was suspected of killing her husband (The Crooked Man), and considering all that had been revealed to her that night it was no wonder; perhaps Sarah Cushing might also be included here (*see below*). Even Holmes suffered from an attack of "nervous prostration" from overwork (The Reigate Squires), and later had to go away to Cornwall to avoid a breakdown (The Devil's Foot).

But it is on the question of "brain fever" that Watson was most at fault and failed to realise the "mental" effects of severe and sudden shock. Thus Phelps had a fit at the station followed by nine weeks' brain fever when a valuable document was stolen (The Naval Treaty); Sarah Cushing had brain symptoms of great severity and was not allowed to see anyone, when she alone realised how her sister had been murdered (The Cardboard Box); and even Sir Henry Baskerville was delirious and in a high fever from nervous shock (The Hound of the Baskervilles). These physical effects are not what we should expect from such mental causes in normal people.

Again when Ruscastle's daughter got brain fever from being worried to sign away her inheritance she was at death's door for six weeks, and we hear that all her hair was cut off—a treatment that would hardly be adopted now for a patient with a mental breakdown (The Copper Beeches).

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125th Anniversary of the Cricket Club

by P. J. Rees

It is almost certain that cricket was first played at Guy's in 1855. Since M. B. R. McKenzie's review of the first 100 years of Guy's cricket in 1955 the last 25 years have seen a decline in the fortunes of the club. This 125th anniversary year will be a fitting year for Guy's to regain the Hospital Cup which we have failed to win since 1962!

The Hospitals Cup was instituted in 1882 and Guy's won in 10 out of the first 13 years. Guy's had a fine side in those early years and achievements included an opening stand of 351 for the first wicket in 1902, a record unlikely to be beaten. The scoreboard below shows that Guy's batting of 1903 was still subject to occasional failures even if the opposition did include such notables as W. G.

GUY'S

F. Morres, c Gale, b C. Kenward	36
J. S. Bookless, b Gamble	1
R. Willan, Jun., c Posthuma, b Gamble	0
A. G. O'Brien, b Posthuma	5
K. M. Langdale, b Posthuma	2
E. Morgan, st Haywood, b Posthuma	0
M. McPherson, b Gamble	5
A. Leeming, run out	1
E. A. Collins, c Gale, b Gamble	5
J. F. Young, not out	8
L. G. Davies, b W. G. Grace	34
Extras	5
Total	102

LONDON COUNTY

W. G. Grace, hit wicket	21
M. L. Murdoch, b Young	114
D. Reece, lbw, b Morgan	0
K. S. Singh, c Bookless, b Davies	30
E. Kenward, not out	35
F. G. Gale, not out	12
Extras	31
Total (4 wickets)	243

Posthuma, Haywood, C. Kenward, L. Corell, Gamble, did not bat.

In reviewing the last 25 years of the cricket club it is disappointing to see that the number of cricket reports appearing in the *Gazette* has markedly decreased from regular scorecards to sporadic and short reports.

At the end of the 1950s Guy's had a strong side and won the cup five times between 1957 and 1962. A number of batsmen scored more

than 500 runs in several seasons, particularly Cook, Huins, Hambleton, Pagliero and MacGregor. The bowling was largely done by Dyde, Cook, Leigh-Brown and Knott.

In 1963 and 1964 Guy's lost in the final of the cup. In those years Hambleton was scoring regularly and Davoodbhoy and Knott were taking most of the wickets. From 1960 to 1969 much of the batting was done by Butchey, Silk, Clark, Appleby, and Gillham while Davoodbhoy, Clark and Grafts were the main wicket takers.

In 1966 letters were published in the *Gazette* suggesting that the cricket club was a hotbed of social and racial discrimination and, perish the thought, drunken and disorderly behaviour were occasionally seen. Such behaviour has, of course, never been seen again but in 1969 a persistent problem began to emerge: the difficulty in fielding 11 players in the first team. Such a problem is hardly credible in a hospital the size of Guy's, but it has plagued a number of secretaries and captains since 1969.

Centenary Past v. Present

A. E. Trist, H. M. Tuddenham, I. A. H. Munro, T. J. H. Clark, H. M. C. O'Driscoll, W. R. Knapman, S. M. Whitteridge, M. N. Morgan

G. W. Scott, J. F. H. Young, R. G. Bury, F. H. Trist, M. J. Williams, D. E. Tunnadine, J. B. Gornall, W. A. B. Cahill, A. L. Gunn, E. P. Reynolds

N. R. Cooke, K. D. Allanby, M. B. R. Mackenzie, A. F. Jones (Capt. Past), M. F. H. Willis (Capt. Present), D. M. E. Allan, D. M. Lipington, W. J. Howells

In 1970 and 1971 Goodhart and Langdon were the mainstay of the batting and in 1973 Langdon's aggressive style produced three hundreds and a 99 in four successive innings. Guy's had a strong batting side in the early seventies with Rees, Wright, Fitton, Taylor and Evans scoring regularly. Since 1973 Guy's have appeared three times in the Hospital Cup Final but the performances have been disappointing and we have failed on each occasion to achieve a win. Over the last six years Glover has proved Guy's most accomplished batsman repeatedly taking a heavy toll of the opposition bowling. He has recently been supported by a number of successful all-rounders, especially Jacks, Tunnadine and Williams.

Guy's summer tour to the South Coast has consistently proved a successful and enjoyable venture. It is good to see that the tour continues to thrive despite the loss of its base at Thatchings (see p.307).

By the time this article appears in print Guy's should have played this year's cup final against St. Thomas'. Hopefully the Cup will be back with Guy's after too long an absence and a new successful era, regularly catalogued in the *Gazette*, will be under way!

Oh What A Lovely War

Reviewed by Justin McArthur *Photos by Nick Jones*

Above: Sarah McDonald offering to "Make a man out of you!".

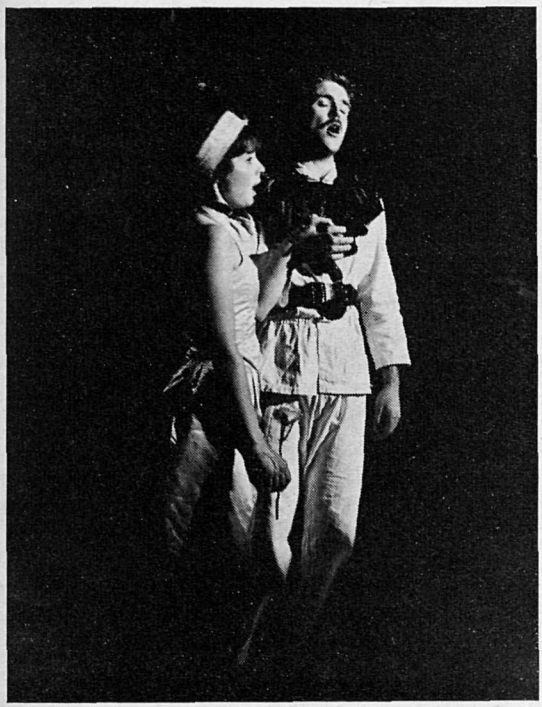
This production became a double pleasure for me, firstly because it provided the first evidence we've had for many months that the Theatre Club is alive and well; and secondly because this was the first show in the Greenwood since the B.B.C. masterminded the "siege" of Weston Street.

"Oh What A Lovely War" is a musical entertainment with a message, and thus makes things tough for any audience—or reviewer—because although the action and dialogue are comic, almost farcical, the embodied purpose is to sneer at the butchery and butchers of the First World War.

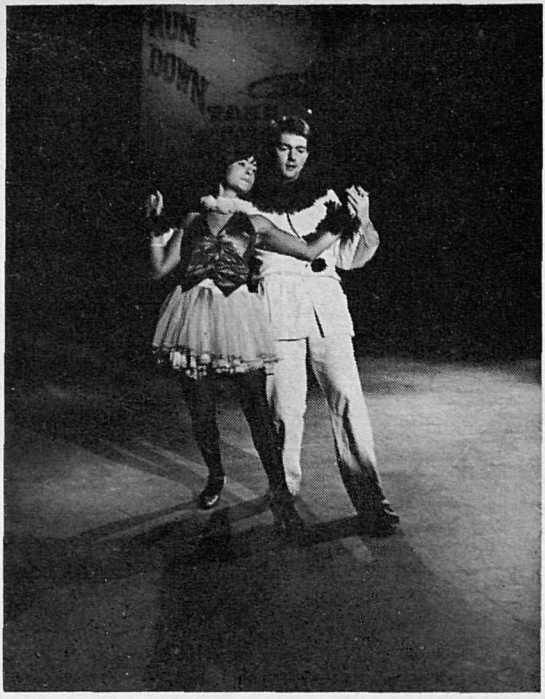
The director dealt with this potential paradox in two ways. In the first Act he established an almost circus-like atmosphere and the "war-game" began. Later in Act Two he deliberately separated the maniacal figure of Haig from the rest of the action, setting him apart, isolated and above the masses, whom he controlled like marionettes.

The show was enjoyable as a whole, making it difficult to select individual segments although what held everything together was the music of Wilf Treasure, with the band polished, competent and subdued enough to let us hear the singers without the aid of mikes—a rare treat.

The choreographers must be congratulated on finding and drilling such a light-footed company. The routines worked well and looked good, enhanced by the costumes, which, although simplistic, underlined the aspect of circus in the war-game, and yet were easily adapted for each scene.



Left: "Roses of Picardy" with Stephen Adams and Jean Shaw.



Right: "Hitchy Koo" with Alison Brookes and Greg Halse

From the company came many good performances, although sometimes the accents were a little *de trop*. The comic star for me was Alan Black, whose doleful looks and lanky frame fitted his role perfectly as the multi-purpose, multi-national clown-of-all-trades, particularly hilarious in the Sergeant-major sketch. Wilf Treasure provided the meat with his portrayal of Haig—a strange but effective blend of Churchill's arrogance and Montgomery's lisping charm.

Technically the production came up to best B.B.C. traditions, with a varied use of colour and projected pattern and a lighting design firmly rooted in TV techniques with interesting back and side lighting. The set was minimal and unfortunately the action made use of only one-third of Greenwood's vast stage area—presumably Mike Parkinson's chair was too firmly bolted down to move. Without scenery the prduction relied heavily on Keith Lloyd's back projection with a poignant series of pictures which worked well to set the scene for us.

This was an entertaining production, slick and professional and important for three reasons. Firstly it has re-established Guy's Theatre Club as a living force capable of a large-scale production; secondly it means that the magnificent but underused facilities of "our" theatre—the Greenwood—are again being used for their originally intended purpose; finally, this production showed how effective the collaboration of amateur and professional can be in introducing new techniques, ideas and a higher standard of stagecraft. I look forward to the next show with interest.

The Mental Side Of Sport

by Maurice Yaffé

"I give the same half-time speech over and over. It works best when my players are better than the other coach's players." This recent comment by Chuck Mills, a U.S. football coach, highlights the importance of superior physical skills in doing well, but it is only in the past five years that coaches, managers and players themselves are appreciating that one must give sufficient time to the mental side of preparation. Clearly, there are some very talented players around, especially in the higher echelons of the league, but whether they do well in matches when it matters, very much depends in addition to their physical skills, on their thoughts, feelings and attitudes with respect to themselves and their game.

Psychology is the science of behaviour and one specific branch of psychology is concerned with the study of behaviour in sport. In this article I want to cover the various ways psychology can contribute to match preparation and to an understanding of specific problems, especially injuries and their resolution. Outstanding coaches are usually very intuitive psychologists; what psychologists themselves have to offer is a more scientific description and measurement of behaviour and a systematic approach to dealing with people and their problems that is by no means just based on common sense, but rather on theories and experience from experimental studies and clinical practice.

Match Preparation

In the professional game there are basically two groups of people for whom psychological preparation for matches seems most appropriate: the talented youth team player who is trying to make the transition from junior, schoolboy sport, and the more senior member of the Club who, for one reason or another, has lost his form, or is inconsistent. As you will appreciate, the latter category of problem is, of course, by no means exclusive to the professional.

Cutting across these specific groups are the stresses that occur as a function of competition. They include: (1) Difficulties with respect to *relaxation and control of anxiety* e.g. problems in getting off to sleep the night before an important match, and tension on the morning of the game; (2) *Negative self-statements* that introduce self-doubt and lower self-confidence; they generally increase the likelihood of a person having a "bad" game and, if so, can provide excuses for it, and (3) *Poor concentration* during matches, often leads to reduced active involvement in the game, but can be a *cause* of it.

There are now specific techniques available to overcome these pre-match difficulties. The simplest and most effective involve deep muscle relaxation exercises and modifying what the player actively says to himself, whenever what he says is inappropriate for helping him to play as well as he can.

Techniques

(i) *Progressive muscular relaxation exercises.* These involve sys-

tematically tensing and relaxing specific muscle groups in sequence, e.g. stomach, quads, calves, neck, holding the tension for a few seconds and then releasing the pressure, thereby allowing the tension to drain away. Once the procedure has been practised a few times, incorporating controlled breathing, most people find it useful to concentrate on certain areas which tend to tense up before matches (often stomach and neck muscles), in order to reduce the level of discomfort.

(ii) *Mental rehearsal.* Many athletes use mental practice to increase their skill; in soccer it has two aims—to perfect skills and to ensure that moves come to mind spontaneously. All skills involve both a physical and a mental component—in those who have demonstrated high level skills the mental component is more important. This is why a golfer, for example, can often get his swing perfected by practising it in his imagination.

When a soccer player has the ball at his feet there are many moves that he could make and only seconds in which to decide. If good moves have been practised mentally then this decision process will be instantaneous since the good move will come to mind immediately. This is exactly the same principle by which people learn foreign languages. Similarly, a coach may drill a team in a number of set moves to cover a large number of situations. It is well known that a team in the heat of a match is likely to forget these moves; mental rehearsal helps to get them so well learned that they come to mind easily, even under stress.

(iii) *Stress management.* A player will perform better when he keeps cool psychologically; all players realise that they must not panic but sometimes cannot avoid doing so. There are basically two important related effects on a player's performance related to emotional stress:

(a) "Tunnel vision", where under stress a player may watch the (player(s) in front of him but will not see a player running, say, into position down the touch-line. An unstressed player will see the game as a whole and will be able to anticipate moves in advance.

(b) A player under stress is more likely to make mistakes, e.g. miskick, make a poor pass, etc.

In order to avoid panic, stressful situations must be imagined repeatedly; these will be different for each player and the success of this part of the plan depends on players identifying correctly the situations which tend to make them panic—however slight the panic may be. It has been shown that repeatedly imagining stressful situations whilst in a calm state of mind leads to a reduction in panic feelings when those situations are encountered in the heat of competition.

Another method of avoiding panic and other negative thoughts and feelings during a match is the use of *coping imagery*. This simply means a thought or a memory, e.g. of playing brilliantly in a previous match, which could be used to keep out negative thoughts. In order that the images can be brought to mind easily during a match they must be practised before the match.

(iv) *What you say to yourself.* Some players talk themselves out of doing well before they start by introducing self-doubt, and make excuses afterwards to justify their poor performance. There are essen-

tially *six* categories of problems to do with: present form, capabilities, excuses, goals/aims, performance thoughts, and injury. Examples of these are: "I'm not playing well enough these days", "I'm not that good anyway", "Maybe next time . . .", "I've really *got* to do well today", "I can't stop thinking about the next match", and "I'll never get over this injury".

Appropriate self-statements which must be substituted for the negative ones to allow for constructive action include: "Have patience—if I do the simple things I know I can do well, other skills will follow", "If I wasn't any good, I wouldn't be in the squad/team", "I'm the one in control and I'm going to make it happen right now", "One mistake doesn't mean it's all over", "Whenever I find myself worrying about the next game, I quickly change the topic to some other pleasant experience", and "Regarding my injury—just do the recommended exercises, and time will do the rest".

Thus each session of mental practice will involve four basic exercises:

(1) mental practice of skills and moves,
(2) imagining stressful situations which occur during a match,
(3) imagining coping images, and
(4) replacing negative self-statements with positive ones.

These exercises should allow the player to achieve and maintain the standard of play of which he is physically capable.

In Bygone Days

Payment for pleasure

At the casualty department of Guy's and, indeed, that of every hospital in this country, a great deal of medical and nursing time and of the country's money is spent upon the care of the drunk and comatose and the drunk and damaged. The other night, when a hardy warrior made his umpteenth entry (feet first) to Front Surgery, the expensive problem of alcoholism and its relationship to hospitals was again emphasized. In this instance, one drunken man required the consecutive services of:—(i) 2 Policemen, (ii) 2 Ambulance men, (iii) 1 Surgery porter, (iv) 2 Nurses, (v) 2 Dressers, (vi) 1 Night A.H.S., (vii) 1 Take-in H.P., (viii) 1 Take-in H.S., (ix) 1 Radiographer and (x) the Nursing Staff of the ward which had to house his malodorous presence overnight. This was not all—apart from the considerable waste of time, there was a wastage of money on X-ray films, dressings, suture materials and, lastly, the cost of board and lodgings in a teaching hospital ward for one night.

The pleasures of alcohol are, we know, undeniable and we admit freely that the *Gazette* office houses no teetotallers. Nevertheless, the reflection that this sort of thing goes on in every hospital in the country at some time or other is very alarming. The hospital service must spend an appreciable amount of money in this way each year. We wonder

whether a realistic charge for the services which they receive might deter these perennial visitors. The after-effect of a bill for £15 or more for one night of hospital care would provide a deterrent to the imbiber more potent than an armful of tracts or even the Salvation Army (complete with band).

We offer this plan, without much hope of its acceptance, but with the conviction that this waste of time, materials and money upon such unprepossessing patients could well be avoided in these days when economy notices hang accusingly from every wall. We feel too that the cohort of disciples of Baron Münchausen who appear with abdominal walls presenting a veritable Clapham Junction of scars would, too, easily be spared. The regular safety-pin swallowers (such as that old Guy's favourite who looks so much like Piltdown Man), though interesting characters, represent luxuries which we might avoid by charging them an economical fee for our work in removing their swallowed ironmongery. How much each of the 'regulars' costs the National Health Service annually is probably a fruitful subject for enquiry. Perhaps, just as we in our daily work must look at the ubiquitous lists of the costs of X-rays and drugs, so, too, some publicity on the same principle might help.

Why not let the Ministry of Health print lists of appropriate charges for all the medical consequences of drunkenness? These lists, posted in each bar in the country, could inform the reveller of the damage to his own pocket of his suturing (silk or nylon), his skull X-rays, his gastric lavage or his night in the wards. A small but pertinent footnote might give the special extra charges which would be payable by the patient directly, personally and tax free to the hospital staff who are so regularly presented with an unpleasant and wasteful task, which should not be regarded as part of their duty.

(The above was taken from the Gazette of 1955, Volume 69, No. 1746, 25th June. Times do not change that much—and the Gazette office still houses no teetotallers!)

Nursing

The Support Team at St. Thomas' Hospital

There are two definites in life, one is birth and the other death. For many years considerable attention has been paid to the former but for the latter little expertise was given until relatively recently. The opening of St. Christopher's Hospice in Sydenham, thirteen years ago, started caring people thinking about dying and whether it was done very well. Television programmes and articles appeared more frequently and this taboo subject, which had replaced sex as the unapproachable topic, was gradually being discussed. Were people with malignant disease dying with dignity without unbearable symptoms? For those few lucky people who could be cared for in Hospices the answer was "yes".

At St. Thomas' Hospital, Dr. Thelma Bates was not satisfied. Some of the patients she saw in her radiotherapy clinics and in the wards did not have their symptoms so well controlled as the patients she saw at St. Christopher's Hospice. She thought far more should be done in the general hospitals and could be, at little extra expense.

After a year of consultation and planning she started a Terminal Care Support Team at St. Thomas' in December, 1977. The members of the Team were, two doctors from the Radiotherapy/Oncology department, working in their limited spare time, a full time sister, paid by the Special Trustees of the hospital, a part time social worker, joint funded by borough and hospital and the consultative services of the chaplain.

We started taking referrals from doctors on two surgical wards and two gynaecological wards, where they and the nurses, were willing to let us try our skills.

Patients were seen on the day of referral by one doctor and the sister, after talking with the nurse in charge and reading the notes. We spent as much time as possible with the patient, asking about his problems and suggesting solutions. Our aim was to make suggestions which the patient's own doctor could implement. We returned to see the patient every day and suggested alterations to drug régimes until symptoms were controlled. During this time plans were made with the family and sometimes with the help of physiotherapist, occupational therapist and social worker, for the patient to go home.

During our first month we went to nine different wards and at the end of one year had seen 207 patients.

Originally we had not planned for an Outpatient clinic, but this soon became a necessity, once weekly, in order to continue monitoring and relieving symptoms. As time passed some of our out-patients became too frail to attend the clinic and it seemed obvious to extend the support to the patient at home. So the sister began occasional visits if the general practitioner agreed.

During all this time there was close liaison with the district nurses who were enthusiastic to have our help. They, like hospital nurses, see much more of the unrelieved suffering that has been going on. Many patients seem to put on a brave face to doctors, they don't like to disappoint him by failure. "After all the poor chap has done his best and I've failed him," said one patient.

After nearly a year it became clear that it was impossible to continue, or extend our support, without another nurse. A community nurse was then appointed, whose salary came from the district budget. We were then able to offer our services to general practitioners by domiciliary visits, which enabled far more people to stay at home for as long as possible and for an increasing number to die at home. In our third year our second community nurse started, funded by the Special Trustees. At the present time we have approximately 10–14 patients in the hospital in various wards and between 50–60 in their own homes. Teaching has been an essential role and we have taught nurses from introductory block upwards. We now have a full time doctor, whose salary comes

from a grateful relative. With more doctor time our formal teaching will now extend to medical students.

Our role has not been easy, it has required an abundance of diplomacy, but the end result has been patients who have died more peacefully, nurses and doctors less frustrated and relatives more content in their bereavement.

BARBARA SAUNDERS,
Terminal Care Support Team Sister.

Physiotherapy

It is understood that the P. and T. "A" Whitley Council has come to an agreement regarding the DHSS proposals for the management of the remedial professions. Three grades of District Therapist have emerged, each related to the size of the population served and to the number of staff in that discipline employed in the District. At first sight, and without any knowledge of the eventual delimitations of the Guy's Health District, Mark 2, it would appear that we will attract the lowest rating, because the grade will have to satisfy both the population and the staffing criteria.

At present, only the District Therapists—OT and physiotherapist are "designated", as we have no remedial gymnasts, that is they accepted the responsibility, its nominal financial reward and wholly notional secretarial back-up, *faute de mieux*. These newly agreed posts, however, will have to be advertised and it is going to be diverting to see who will apply and under what sort of duress.

The responsibility is for the deployment of staff, recruitment, education, maintenance of standards, etc., etc., and for the provision of the therapy service in all segments of the District's sphere of influence. But before any dissatisfied "major user" gets too excited at the prospect of actually having something to use, it is worth pointing out that our apparent lack of a Michelin star will attract no high-powered and dynamic manager, save one with a private income and a burning need to be a small fish in a small pool. Furthermore, he, she or it will have the task of running us as well as serving them . . . a challenge indeed.

We have been once more experiencing an acute episode of the London disorder whereby staff find it practically impossible, if they are junior, to find a bed-sitter or small flat within feasible and fundable travelling distance, and to buy food and keep clothed, or, if they contemplate buying their own place, to live and establish themselves for the future. Its result is the all too familiar migration which leaves the departments down to a bare minimum of staff, who not only work—because that is their nature—extra hard to try to fill the gaps left by the dear departed, but have in addition to receive complaints and recriminations because they are unable to do so.

The frustration that it evokes in people who are striving to do an honest and professional job but who receive so markedly more kicks than ha'pence, does occasionally make itself apparent, but the pat on the

head, the soft-mouthed "there-there" and the understanding glance that this response brings forth in its turn add yet more to the despair and rage and the thank-God-it's-Friday feeling.

The vacancies review committee imposes its freezes, and forbids the advertising and filling of posts. The London cost of living and travelling and low salaries encourage the departure of staff. Those who remain work harder still and feel yet less appreciated. Who'll come forward to stop the decline and break the fall by offering himself to manage this little empire while it is ground between rising costs and limited resources?

R. J. COOPER.

Book Reviews

"The Tuberculin Test in Clinical Practice", an Illustrated Guide, by Maxwell Caplin. Pp. 84. Price £5.75. Published by Baillière Tindall.

Tuberculosis has been the scourge of mankind for centuries and despite its partial conquest in the Western world, it still remains a major threat to health not only in the developing countries. The tuberculin test continues to be an important, if not increasingly important test in the identifications of individuals either previously infected, or actively suffering from tuberculosis. However, there is considerable confusion amongst doctors and nurses regarding the tuberculin test. Frequently they are not sure what test to use, how to do it, how to measure it and how to interpret it. This confusion is increased by the varying international, and unfortunately, national standards.

The author of this book has, using his considerable experience of tuberculosis in both this country and abroad, produced a definitive guide to the tuberculin test. The practical details involving the method, the reading of the test and the assessment of tests are described for the three tuberculin tests in common use, the Mantoux, the Heaf and the Tuberculin Tine test. Each test is illustrated extensively, the illustrations are good, but in such a situation where subjective and objective criteria are frequently difficult to separate because of visual nature of the response, the reviewer would have considered more expensive colour reproduction worthwhile. However, there are illustrations of similar tuberculin responses in different ethnic groups which are very useful.

The remaining chapters of the book apart from the last chapter deal with the various clinical situations where the tuberculin test is either useful or difficult to interpret. The chapter on the tuberculin test in relation to other conditions such as sarcoid or steroid therapy is helpful to all physicians. The final chapter on the standardisation of tuberculin tests should be read and adhered to by any person carrying out such a test. The author offers here a series of rules, which, if followed would allow comparison of the tuberculosis rates between areas of this country and countries throughout the world.

This small guide is easy to read, highly informative, well written and is essential reading for any person carrying out tuberculin testing. It offers the best guide on the interpretation of this test available, and I would recommend it.

G. M. COCHRANE
Consultant Physician

"A Pocket Guide to Differential Diagnosis" by R. D. Eastham. Pp. 468. Price £7.00. Published by Wright.

Another book of lists, but this time for the more experienced, perhaps the registrar, senior registrar, or consultant. It is a book that some will find useful, the lists acting as aides-memoire to differential diagnosis in conditions that are met infrequently in that individual's practice. Thus it is unlikely that the cardiologist would find the section on cardiovascular disorders of any value, or the dermatologist that on the skin. On glancing through the 800 lists one has the impression that most of them are sane and potentially useful in context, though there are inevitable idiosyncracies, which seem to occur in all books involving clinical judgement. Thus

under "General causes of collapse" one finds no reference to myocardial infarction or cerebrovascular accidents. The book is arranged in systems-related chapters, with the lists to be found in that chapter under each chapter heading. I think that I would find the absence of an index to the whole book something of an irritation. I am sure the book will find enthusiastic buyers and users.

B. H. HICKS
Clinical Tutor

"Peery and Miller's Pathology. A dynamic introduction to Medicine and Surgery", 3rd edition, by Frank N. Miller. Pp. 1040. Price US$15.00. Published by Little Brown & Co.

This student text is an encyclopaedic approach to pathology which is based on a series of definitions and although primarily concerned with histopathology, also extends into microbiology, immunology, chemical pathology, forensic medicine, haematology, applied physiology and clinical medicine. Many of the more important words in the text are italicized and this facilitates rapid reading. There are a moderate number of black and white photographs of gross specimens and tissue sections distributed through the book. They vary in quality but overall are helpful in appreciating what the test is dealing with.

This edition has not been brought fully up-to-date in some areas. Thus the author still uses the term bronchial adenoma to include low-grade malignant lesions such as bronchial carcinoid. The Ask-Upmark kidney is still referred to as segmental hypoplasia, while reflux nephropathy does not seem to feature. Indeed, the entire book has a slightly dated touch presumably related to the fact that this is the third edition of a book originally published in 1961. I found that some of the definitions were more general than I would have preferred.

Overall this is a remarkably comprehensive text which I think many students would find useful in their studies despite its American slant. It is a book one can dip into quickly. This book is not however suited to those who wish to probe and analyse the various topics of pathology. It is in no way an academic approach although there is reasonable bibliography throughout. The price of thsi book is staggeringly cheap for its size and content.

D. R. TURNER
Reader in Pathology

"Aids to Undergraduate Medicine" by J. L. Burton. Pp. 129. Price £2.95. Published by Churchill Livingstone (3rd edition).

Rather to everyone's surprise, a book of lists reached the best-seller category in the States some months ago. It is less surprising that a book of lists should be offered to the clinical student approaching, with some trepidation, the final hurdles of the MB BS examination. It offers at least some symptomatic relief to the paroxysms of panic to which most candidates for any test are sometimes subject. The introductory chapter to this little book could even prove to be effective as a remedy, though only ten pages in length; the gamesmanship of being a candidate in a medical examination is sensibly discussed, and one can see that some of the strategy suggested might help the borderline candidate scrape through where he might otherwise fail. I am afraid the lists themselves are not so impressive. On content, they have some irritating omissions and some of the information is outdated. The emphasis is sometimes distorted, away from the common and the important. These defects were diffuse throughout several sections of the book. Even if the perfect set of lists *were* produced, I am afraid that they would always be very much less valuable than the list that one has sweated to put together oneself from one's own reading. I cannot recommend this book.

B. H. HICKS
Clinical Tutor

"1200 MCQ's in Medicine", a supplement of Macleod's Clinical Examination and Davidson's Principles and Practice of Medicine, edited by P. R. Fleming. Pp. 172. Price £3.95. Published by Churchill Livingstone.

Dr. Fleming is a senior lecturer in Medicine at the Westminster Medical School, and his co-authors are all physicians who are involved in undergraduate training and most have considerable experience of examination structure and format. These questions therefore represent a fair sample of questions that might appear in medical examinations, the standard varying from the most basic to some of Membership standard. Those who find the structure of multiple choice questions bewildering may find the book useful in familiarising themselves with various forms of questions. In educational terms, its principal value will certainly be that for which it was designed, as a method of systematically reviewing

one's reading of the book to which it is a supplement. To plod systematically through the book and these questions would certainly be an industrious and worthy way of accumulating the knowledge base of general medicine, though I fear that it would also be associated with very considerable tedium.

B. H. HICKS
Clinical Tutor

Correspondence

Tooth Meets Tooth and Ball

Dear Sirs,

The President of the Dental Society, Mr. Robinson, has put forward his opinion on the present format for the Dental Dinner and Ball and has proposed his own "market research" on behalf of the Society (July 1980).

Having been associated with the Dental Society when the change of format was introduced, I feel it might help some of your readers if I were to summarise the problems which led up to the change.

First, it had been noted that attendances at both functions, that is the Ball in November and the Dinner in March, were decreasing. It was felt that the cost of the Dinner, with a very considerable guest list, was becoming prohibitive. The proximity of Finals to the November Ball was also having an effect on the attendance at that function.

Secondly, as the proportion of girls to boys in each year has been steadily growing, no longer was the Dinner in March a near male reserve. It did seem therefore somewhat incongruous that, apart from the wife of the President, wives who were not either students or medically or dentally qualified were officially excluded from the occasion.

Thirdly, it seemed that the combining of the two functions would be a way of bringing together all three facets of Guy's Hospital Dental Society. It seemed that it would be appropriate that at some time during the year the staff and students should join together in a formal social function. Moreover, it would allow students to appreciate that they were part of a larger Society than that of the undergraduate Society they knew. It would also be an occasion when the older members of the alumni could not only meet their contemporaries but also meet and enjoy the exuberance of the present dental students. It would indeed be a family occasion.

Times change and the strength of institutions such as Guy's Hospital Dental Society is that they are seen to adapt to changing circumstances in a reasonable manner. The change to the combining of the Dinner and Ball is surely reasonable. However, if there are still those who wish to attend a traditional formal dinner, could not the Biennial Dinner be commended to them?

Finally, it was originally envisaged that, with the combining of the two functions, an adequate "sitting out" area away from the music should be provided. Unfortunately no such area has been provided on the last three occasions. I hope that this year's Committee will ensure that suitable facilities will be made available.

Yours faithfully,

R. B. JOHNS.

Department of Conservative
Dental Surgery,
Guy's Hospital,
London Bridge, SE1 9RT.

Dear Sirs,

I was pleased to read the letter of Mr. A. D. Robinson and to know that, in some quarters, second thoughts are being given to the holding of the Annual Dinner of the Dental Society.

I think the new version of a combined Dental Dinner and Ball appeals more to the younger men and women. To the older ones the Dental Dinner was regarded as a reunion of old friends and up to the time of its cancellation was always well supported. I should welcome its return and would, in company with my friends, support it.

Yours faithfully,

L. G. LYLE.

Saltersford,
22 Park Road,
Beckenham,
Kent BR3 1QD.

Biennial Dinner

Dear Sirs,

May I through the *Gazette* appeal to all those Guy's men and women who qualified in 1950 to make a special effort to attend the Biennial Dinner in October. Many will not have seen each other for thirty years, and the dinner will provide a unique venue for old friends to meet.

Yours sincerely,

B. H. BASS.

Good Hope General Hospital,
Sutton Coldfield,
West Midlands B75 7RR.

The Myth of Geriatrics?

Dear Sirs,

An honorary member of our prestigious department of medicine recently wrote an article under this title in a journalist vein in a widely circulating periodical. Since the point he raised is important for Guy's perhaps you would permit space for a comment.

> "World Medicine, July 12, 1980, p.11, Chris Allen, honorary lecturer in the department of medicine at Guy's Hospital,"

is the reference.

"But this sadness turns to rancour . . ." he writes, and sets down a number of interesting facts, opinions and reflections on the use of geriatrics.

One has to remember that anger clouds intelligence, and what one requires is not a thrashing about with words but a cool look at the problem, which surely is a deep one. One question always arises; why any specialties at all? Apart from that; why this particular specialty termed geriatrics?

One does not have to look far to see the plight of old people in our communities and one has only to look round any medical ward to see that older people now fill the beds. From the moral viewpoint any society that neglects its own old people is the loser. It is not a social question, a family one, an individual or a medical one, but an amalgam of each and all of these. Because of this fact we find politics enters the scene, and, as we know, medicine and politics do not mix happily.

Medicine, in a way, has to shoulder the failure of the community (and individuals) to look after its old people, with this result. It is not a lot of use a young physician, wishing perhaps to espouse academic medicine, becoming angry with a problem, which in truth is one that medicine is not entirely equipped to solve: how to meet the needs of older sick and infirm people in a rather sick community? One has to have every sort of medicine but there is only one sort that is valid and that is good medicine.

One even hears in some quarters that general practice is being looked upon as a specialty!

Dr. Allen is right in my opinion in believing that those who practice medicine should have full control of its forms and its practices; and surely the existence of specialties is due to this control, or is it to the lack of it?

Yours sincerely,

ALLAN GRIMBLE.

Guy's Hospital,
London Bridge,
SE1 9RT.

Post Papers Party

Dear Sirs,

The next issue of the *Gazette* should see the lately qualified Guy's "medics" in their first pre-registration posts. This, then, would seem an appropriate time to use your columns to thank those who participated in the "Post Papers Party", for final year students. Those who served behind the improvised bar and especially those who cleared up deserve a separate mention.

A profit of £15.66 was made and has been donated to the "Friends of Guy's".

I hope that our success may encourage succeeding years to stage similar ventures.

Yours sincerely,

WILLIAM CARLILE.

17A Knollys Road,
London, SW16.

Newpin Funds

Dear Sirs,

In the article about Newpin which appeared in your issue of April 26th, the grant of £45,000 by the Friends of Guy's Hospital was mentioned. There has been some misunderstanding both as to the objects which the Friends are supporting and also as to the way in which the scheme will operate. As both Chairman of the Friends and a Trustee of Newpin I would like, through your columns, to explain that the Hospital has decided it needs new accommodation for the Salomons Centre and that this can best be provided at the base

of the Tower, adjacent to the McNair Centre, in a single storey building.

In addition to housing the child health clinics it will also be a home for the Newpin scheme. The Hospital is unable to obtain money from the National Health Service for this building and the grant from the Friends will go part of the way to meeting the total cost of £160,000.

The Special Trustees have underwritten the scheme so that a start on building can be made in October 1980 and themselves hold approximately £23,000 towards the cost. £10,000 has generously been given by the Baring Foundation and approaches are being made to other charities to find the balance that still remains. When completed the building will become the property of the Hospital.

In order to attract funds for the day to day running of the Newpin scheme a charity has been set up and this charity will be responsible for employment of such staff as are necessary. It will not compete for support with the Friends.

Nursing and medical staff in consultation with other appropriate colleagues will be involved in selecting mothers who, after suitable instructions, can visit mothers-to-be and new mothers and generally help and encourage them to take advantage of the statutory services which are available both in the Salomons Centre and elsewhere in the District. It is in this way that the promoters of the scheme believe it may be possible to improve the quality of parent child relationships in a District where socio-economic factors have such an adverse effect on parenting.

Yours sincerely,

A. H. BURFOOT.

Counting House,
Guy's Hospital,
St. Thomas Street,
London, SE1 9RT.

Sport

Another month passes when I am greeted each day by a veritable deluge of sports reportage from all corners of the globe! (*Sarcasm*). Still, as you know, it is quality and not quantity that matters, and I have received them in equal proportions (the tour report being written by one of the editors, bypassing me—and probably slandering me into the bargain.) On the other hand this cloud provides my pocket with a silver lining, in the form of less edits to the pound. I just hope that the amount of literature received is not a true reflection of the amount of sport played, or the interest shown therein. (Many thanks to the contributors who have pulled their fingers out, by the way.)

So, until I receive news from other quarters I can only pass comment on those matters of which I have personal experience. Thus I reiterate my congratulations to the First XI on their success on reaching the UH Cup final, in which I wish them every success. (It should be played on the 30th for those who are interested, at St. Thomas' ground, Cobham). For more news of the Club *vide infra*. With regard to cricket. I would like to know if any Guy's blues or half-blues, past or present, would be interested in purchasing long or short-sleeved woolen sweaters, caps, in Guy's colours. If so, please write to me (Charles Tunnadine), c/o Gazette Office, stating size, and whether full or half-blue, so that I can enquire as to cost etc. It is possible that non-blues can also be accommodated, so if anyone is interested, please get in touch.

C.J.H.T.

CRICKET

Sussex Tour

Whilst, for once, the Sussex Tour cannot be called the highlight of the cricketing year (this honour must surely go to the yet-to-be-played U.H. Cup Final), it certainly proved to be memorable and highly enjoyable. It is difficult to relate all the circumstances which caused this to be so—not so much for fear of libel actions but for fear of arrest!). Nevertheless one should try.

The first match was on Sunday 3rd, against Bognor. The start in the East Wing was inauspicious: try as he might, the "Captain", Alex Williams, could not find eleven people in the Hospital who were available. People were going on holiday, were working, were injured, were skiving, or were just incommuni-

cado. After many fruitless telephone calls, and much message-leaving eight stalwarts set off, with kit, in two rather small cars. Going in convoy, it was decided that Seb in the Yellow Peril should lead (with "Alex" as navigator) —mainly because it was so easy to keep in touch with his musical carburretor. Another advantage was soon noticed, in that the reflections off Green's balding patch were as good as any homing beacon. Unfortunately the musical qualities of the Yellow Peril were noticed by one of the many groups of bluebottles swarming in Sussex, and Green proved not to be the only balding object. Fortunately our legal expert took too long to stick his nose in (after all, its inertia must be considerable) and so the death sentence was not invoked.

Despite this slight delay the game got started on time, even after a stop at our boarding house, "The Pixie Hotel", no bar, thankyou John), although we had to borrow three colts. Starting in the field, we were confronted with the amazing sight of Jolliffe as an opening bowler. The sight of the pear-like shape with the proboscis trundling towards him obviously unnerved the wicket-keeper (for this match only), Ted Rose, who was doing everything right except catching the ball. The two openers were dropped behind in the early stages, and this spirit of Christian charity seemed to prevail—especially marked in the home umpire, and, as we all know, charity begins at home. This, combined with a rather sad lack of depth in bowling talent (i.e. just "Alex"), resulted in the opposition getting 240 for 3. One of those openers, a Colt, (Tunnicliffe) went on to get his century. (Eh, Ted?). Especial mention this match must go to Leaping Cougar for an uncharacteristic lack of incompetence. Living up to his name, not a run escaped him: he stopped them with his feet, his ankles, his knees, his thighs, his gut—anywhere, in fact, except his hands. To crown it all he undulated over 20 yards for a catch over his left shoulder off "Alex", the only successful bowler. (3 for 87 off 23 overs.) This so stunned the team that batting was impossible. Powell (21) and Williams (23) exceeded twenty, with only three others (Jolliffe 13, Greenaway 18, and Johnston 12) in double figures. The most notable part of our innings was not in our batting but in a gargantuan display of tact (?) by one of our pensioners. 110 all out. Thrashed.

Despondency was soon overcome, however, and as the evening progressed the team looked more and more in form. A team curry had to be in order, and since the captain was averse to being thrown into a boating pond it became obvious that (after some heavy trampolining when 'Alex' cleverly lost his keys) a midnight dip by the pier was in order. The water was cold, but we're Guy's men, dammit. Fortunately it had been a bad season on the South coast, and we were not ejected.

Come morning, and the team was looking distinctly unfit—and rather grateful for the rest day on Monday. (Fools that we were!) JFS looked even less well than the night before (so cool as to be comatose), and Ted was having interesting after-effects from his first vindaloo. Cougar was first down for breakfast, as always, which goes to show that if you have volume, you must maintain it. Morning was spent on the Pier, with Green and Jolliffe making up for their lost middle-age on the electronic games. A quick lunchtime drink was unfortunately prolonged by torrential rain making escape impossible, and set the tone for the evening. We finally found a place which did not sell Watney's, and settled down to Zip Boing. Chips proved a bit too much for Ted's struggling GI tract, but a return for a rousing sing-song provided entertainment for the natives. Sight of the tour was then seen at the Pier disco, where the team geriatrics galumphed on the dance floor. The interplay of the floor and side lights with the reflections from those two balding pates was remarkable to behold.

Tuesday saw the team in even worse condition, and facing the long trek to play Brighton Hospitals at Bevendene—a pitch so small that on one boundary one can place people to save a single. The team was strengthened by the arrival of Charlie Tunnadine and Chris King, and a match was on. We were put in to bat, and, despite a slightly uncertain start, Jolliffe punished this charitable decision. A first-wicket stand with Powell (17) of 39, and a stand of 81 with Greenaway (24) took us to 120 for 2. (Green characteristically going as soon as he realised he was in the 20s). Charlie made a brief and dynamic appearance, hitting the first ball for six, and looking in excellent form despite some weeks enjoying the fleshpots of southern France. Suddenly, after an inaudible rustle against his gloves which was caught by the wicket-keeper (who, with the bowler and the umpire was unaware that contact had been made), he walked. Guy's men, after all, are gentlemen! Jolliffe was pounding along, displaying an interesting range of shots

(including some amazingly late cuts), and was finally caught and bowled for 98—including 1 six and 17 fours, and a jug for jug avoidance. Chris King rattled up a quick 23, and Fellows-Smith suddenly realised that we needed runs, and provided some in a dashingly aggressive, though invariably cool, 21 not out. Johnston looked very sound for his 1 not out. Declared at 202 for 5.

"Alex" was well aware that on a pitch of such dimensions, this was a far from difficult target. Brighton, however, got off to a painfully slow start, thanks to some very tight bowling by the openers, King (Collis ended with 2 for 39 off 14) and Tunnadine (0 for 22 off 10 overs). Williams (1 for 13 off 8) was also very accurate, and despite valiant attempts by Powell, Fellows-Smith and (especially) Rose to tempt the batsmen, the game petered out into a rather tame draw, with Brighton Hospitals ending on 139 for 5.

As always, the Staff Bar at Brighton was very hospitable (even though it wasn't Charlie's birthday this time!), and a good evening was had by all. It was good to see some old familiar faces, such as Tom Alun Jones and Phil Razzell, now working for a living. Unfortunately, Ted Rose and Mick Powell had to return to London that night, so we were again reduced to eight.

Wednesday saw the final game, against Middleton. This time we armed ourselves with two gentlemen (Dave Marshall and Dave Martin) from Radlett who were also touring Sussex, to whom we are very grateful since this is possibly the toughest fixture. Rick Plowman (and friend) also arrived, and the team began to look like a team, albeit rather a ragged one. Middleton batted first, but with one exception the upper order was unable to withstand the onslaught of Tunnadine (4 for 48 off 14 overs). These figures were helped by three superb catches: one by Charlie himself, on a thundering drive; one in the slips by "Alex"—who looked rather amazed when he looked into his outstretched right hand and saw the ball; and one by Rick Plowman racing in to hold one below knee height. Chris King bowled well but was very unlucky (0 for 52 off 12) and the other two wickets were taken by Marshall and Plowman, and by a fine run out by Charlie. Suddenly Middleton were struggling at 114 for 7, with two colts in. Unfortunately we could not get rid of them, and they went on to take a stand of 89, to a declaration at 203 for 7. This lack of finishing was due partly to bowlers seizing up, and to some remarkably arthritic fielding (the tour starting to take its toll). Cougar (Leaping no longer) in particular showed the mobility of a quadralateral amputee.

Our innings started superbly with King and Greenaway moving the score along rapidly, until Green realised that he was in the 20's again (22). 65 for the first wicket, and enter Tunnadine in glorious form, hitting a rapid 34 including a long straight six which did considerable damage to the pavilion roof. Unfortunately he was bowled trying to hit the ball even further, and King followed shortly for a very fine 44. Jolliffe (27) and Plowman (33) carried on the good work, and we reached 204 for the loss of six wickets. A fine victory over a good club, and celebrations continued in the clubhouse for quite a while before people started to disperse back to London.

In all, the tour was a most enjoyable four days, characterised by some surprisingly good batting and bowling, although fielding was erratic. Nevertheless, it is sickening, and, I am sure, unbelievable to many old Guy's men that the Cricket Club is unable to find a full team for the Tour. Not being a past, or present, (or future!) official of the Club, I can affirm without bias that the captain and others tried very hard to assemble a full squad and an umpire well beforehand, but for some unknowable reason it proved impossible. It is not a thing about which the Club or the Hospital can feel proud—and is not limited to the Tour, nor to just the one club. Whilst problems with summer sports are accentuated by examinations and by the long preclinical holidays, even winter sports find decreasing numbers and reduced commitment a distressing problem. It is a credit to club officials that the clubs continue at all, but it is sad to see the difficulties that they suffer in getting sides out. Reasons for this decline have been discussed before, will be discussed in a future *Passim*, and will continue to be discussed for as long as the current attitudes of the medical school to selection, and to the necessity of academic distinction as opposed to any other form of distinction, is held to be paramount by the authorities. Please ensure that you keep early August free if you want a great few days in Bognor next year.

L. C.

Hospital Information

Grants to Guy's Hospital Medical School

£30,000 from the Health Education Council to the unit for the study of health policy.

Medical Research Council: £61,543 for the clinical evaluation of the new continuous subcutaneous insulin pump by Professor H. Keen; £66,849 for further research by Dr. G. A. Butcher on in vitro culture of malaria parasites; £62,345 for an investigation by Dr. R. A. C. Hughes of the immunological mechanisms of human and experimental inflammatory polyneuropathy; £34,063 for a study by Dr. S. J. Challacombe of the induction of secretory antibodies and systemic tolerance by oral immunization with bacterial antigens.

£160,000 from Beecham Products for research by Professor M. N. Naylor into improving the sensivity of anticaries clinical trials.

£42,052 from the Cancer Research Campaign towards cancer research.

£124,230 from the Arthritis and Rheumatism Council for the continued support of Dr. G. S. Panayi's research programme.

£35,000 from Messrs. Organon for data handling connected with clinical trials of Dr. Howard Rogers.

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BIRTHS

CLARK—On 23rd June, in Southampton, to Joan, (née Coutts) and Nigel, a son, Iain Robert, a brother for William.

REES—To John and Helen a daughter, Sarah Born at Guy's 7th May, 1980.

DEBENHAM—To Clive and Penny (née Nunn) of Mulberry Hall, Burstall, Nr. Ipswich, a son, Charles Edward, on 19th June 1980.

DEATHS

MEREDITH — Hubert, M.B.B.S., (1954) D.Obst. R.C.O.G. Suddenly on January 7th, 1980, at his home, 5 Fishers Alley, Isle of Palms, S.C. 29451, U.S.A., beloved husband of Pamela, and much loved father of Michael, Andrew, Thomas, Christopher and Jonathan.

CONSTABLE—Douglas Cecil Joseph, L.D.S., R.C.S., aged 82 years on June 30th, 1980, at his home, Kilmington, Axminster, Devon.

BOWEN-JONES—June 27th, 1980. Peacefully after a long illness in a Norwich hospital, John Anthony (Tony), dedicated doctor of Basingstoke for 27 years, the loved husband of Eileen (Now of Chestnuts, Southrepps, Norwich, Norfolk), and devoted father of Edward, Elizabeth and David.
Memorial service at St. Michaels Church, Basingstoke, Monday, September 8th at 2.30 p.m.

ENGAGEMENTS

HEARD-GANCZAKOWSKI — The engagement is announced between Mr. Robert Heard and Dr. Mary Ganczakowski.

RITCHIE-HEMLOCK — The engagement is announced between Dr. Keith Ritchie and Dr. Andrea Hemlock.

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NURSING CORRESPONDENT — JULIA FABRICIUS
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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

PASSIM 315
NEWS IN BRIEF 316
OBITUARIES 321
Russell Claude Brock
Jean Mary Farmer
CLUBS' UNION NEWS 325
FRESHERS' SECTION 326
GUY'S HOSPITAL DENTAL SOCIETY 335
by Our Dental Correspondent
THE STUDENT MEDICAL EDUCATION COMMITTEE
by Chas Newstead 335
NUNC EST BIBENDUM 337
by V. D. Shankar
RENOVATIONS AT THE CHAPTER HOUSE 339
by Our Special Correspondent
SHERLOCK HOLMES & DOCTOR WATSON (PART IV)
by Maurice Campbell 341
IN MEMORY OF THE UNKNOWN SPEAKER 343
by "Nature"
IN BYGONE DAYS 344
NURSING 345
PHYSIOTHERAPY 347
BOOK REVIEWS 348
CORRESPONDENCE 350
SPORT 353
HOSPITAL INFORMATION 357

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Passim

The Freshers' Edition of the *Gazette* is designed with a particular bias towards all the new students at Guy's. "Fresher" might seem a derogatory term, but it should not be regarded as such: all of your predecessors have been through the stage. It is more a state of mind than anything else; a period of some confusion, re-adjustment and lack of involvement—and it is your responsibility, and to your advantage, to make it inapplicable as soon as possible.

First, however, we would like to congratulate all Freshers upon their choice of professions and upon their choice of Hospital. Neither choice will have been taken lightly—especially in the past year where there has been so much uncertainty in the wake of the Flowers Report, and yet more so-called examples of N.H.S. demoralisation. In some cases, decision might have been aided by the advice of an old Guy's man (or woman), almost all of whom would recommend their *alma mater* to anyone contemplating the medical or dental professions. Such loyalties have been dismissed by some outsiders as being "tribal" or "primitive". We would disagree; they show instead a combination of the value which a graduate places upon the education he received there, and of the friendships and enjoyments remembered from one's student days. Loyalty of old Guy's students for their *alma mater* is second to none, and this reflects its excellence in those two spheres: both the academic, and the social.

Your choice of Guy's is, as I said, greatly to be commended. A problem which I would like to put to you as Freshers is, perhaps, difficult for you to answer without a certain amount of bias: Is Guy's to be commended for choosing you?

We must assume that there is a definite system behind the Schools' selection of medical and dental students. One stipulates "assume" because the procedures are kept so secret as to render certainty impossible unless one is involved in the selection. This is probably a wise move, although a slightly more forthcoming attitude might reduce much ill-informed speculation. Having said this, one does not wish to indulge in such speculation; one will merely discuss certain trends, and make a plea.

Sir Hedley Atkins, in his speech to the 1976 Biennial Dinner, recalls a time when the demands of entry *"were very different from what they are now. The first thing was that your father was a Guy's man, the next that you were reasonably competent at rugby, and the third, and very much the last, was if you had any academic qualifications."*

Times change—and, indeed a minimum standard of rugby ability would be unfair indeed to the 40% of new dentists and the 30% of new medics who are ladies! Academic criteria would seem to have become much more important—if not paramount; yet it is uncertain to what degree (if any) other achievements or interests are taken into consideration.

Whatever criteria, you have been chosen. You will surely have abilities other than the solely academic: be it in sport (from rugby to chess, hockey to snooker), drama, music, speaking, writing or whatever. There are plenty of opportunities for all grades of skill, for either sex. You will have enough time outside the curriculum and related work to continue in these fields, and may have the opportunity to do something completely new—please try to make the effort to do so. Involvement with Guy's should not be a purely passive phenomenon: the clubs are there for all of us, and your active enthusiasm will not only help these clubs, but they will help you to make friends, to settle into London, and to carry on the great traditions of this Hospital for the benefit of *your* successors.

News in Brief

Mr. Guy Blackburn

Our congratulations to Mr. Guy Blackburn, Consultant Surgeon Emeritus to Guy's, who has been elected Master of the Worshipful Society of Apothecaries for the year 1980–81.

Worshipful Company of Wax Chandlers

We congratulate Dr. W. C. D. Maile who was elected Master of the Worshipful Company of Wax Chandlers.

Guy's men at the Colleges

We are proud to announce the appointment of Professor Maurice Lessof as a Pro-censor of the Royal College of Physicians.

Nor is our presence unfelt at the Royal College of Surgeons since Sir Alan Parks (Guy's 1948) has recently been elected as President. Our congratulations to both these alumni.

Guy's Hospital Cricket Club

The Final of the U.H. Cup was held on Sunday, 21st September at Honor Oak Park. Full details will appear in the next issue, but the *Gazette* was there and saw a glorious victory by 5 wickets. The cup returns to Guy's after too long an absence: let us hope that it stays here for several years to come.

Ladies Cricket

Well done to Andrea Wansbury, a second-year physiotherapy student, who captained the Junior England Ladies Cricket XI at Edgbaston on September 13th.

Guy's World Champions?

Guy's Hospital have reached the final of "Take it or leave it 1980". "Take it or leave it 1980" is a general knowledge quiz broadcast to the corners of the earth by the BBC World Service. This year, teams were drawn from various London Colleges. Michael Aspel was quiz master. Programmes were recorded in the months of May and June in the cellars of Bush House.

Questions were taken from the fields of anthropology, sociology, politics, music, geography and sport and kept the contestants on their toes. The occasional spelling question often proved to be embarrassing —one of the students from Charing Cross Hospital had difficulty with *haemorrhage.*

The Guy's team comprising of Preston Carvalho, Mike O'Connor and Ian Needleman triumphed over L.S.E., King's College, Charing Cross Hospital and Westminster Hospital, to reach the final.

The team would like to thank all the supporters who came to the recordings, especially Tina Macfarlane, BDS.

Listen to the final against Bedford College, details below:

Transmission date and times:

Wednesday 29.10.80 17.15–17.45 p.m.
Thursday 30.10.80 10.30–11.00 a.m.
Wave lengths: Medium wave—463 metres or 648 Khz.
Short wave—15.07 Mhz. in 19 metre band, or
5.975 Mhz. in 49 metre band.

Temporary Lectureship in the Department of Community Medicine

The successful applicant (medically qualified) will be required to participate in the teaching and research programme of the Department, including assisting with the organisation of modular training in Community Medicine for postgraduates. Interest in the epidemiology of chronic locomotive diseases and their impact on employment and daily living and also in the evaluation of community services will be an advantage.

The appointment is available now and will be for two years. Salary in the range £7,600-£11,220 plus £398 London Allowance and superannuation, depending on experience, and appropriate clinical status within the Health Service will be negotiated.

Application forms are available from and should be returned to the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT not later than 18th October, 1980. Further particulars may be obtained from Professor J. A. D. Anderson, Department of Community Medicine (Ext. 2157).

Playspace

We have recently received information about Playspace which in association with the Polytechnic of Central London provides experimental training for those who wish to apply *creative groupwork skills in their work situations.* They offer a variety of part-time weekend and evening courses in Dramatherapy, Co-counselling, Psychodrama, Dance, Creative Groupwork, Bioenergetics, Creative Therapy, Family Therapy,

as well as two one-year courses in Creative Groupwork and Psychodrama.

For further information and current brochure, contact: Netta Swallow, Short Course Unit, Polytechnic of Central London, 309 Regent Street, London, W.1. Tel.: 01-580 2020 ext. 20.

Gazette Caption Competition

We invite suggestions for a suitable caption to this picture, taken during the Sports' Day "Marathon." Winning entries to this and previous competitions will be published in the Christmas Edition.

Guy's Hospital Theatre Club

There will be a production of the play "A Day in the Death of Joe Egg" by Peter Nichols on Thursday and Friday of Freshers' Week (October 2nd and 3rd). They will be held in the Ballroom, Boland House, starting at 7.00 p.m. Tickets 50p (30p for Freshers).

Jazz Recital

Mr. Michael Lavelle and friends are to give a jazz recital in the Ballroom of Boland House on Tuesday, October 7th, at 1.15 p.m. Judging from Mike's work in the Residents' Plays and elsewhere over the past decade, we are sure that this can be safely recommended.

Greenwood Theatre

The B.B.C. are re-starting productions in the Greenwood Theatre. Tickets for the programmes *'Parkinson'* and *'Friday Night, Saturday Morning'* will be available to students and staff at the stage door from September 24th.

Car parking

The continued car parking congestion on the Guy's site is so serious that as well as using a car immobilising device the possibility of getting unauthorised cars towed away for recovery at the owner's expense is being investigated.

Several people have asked recently if the offer of reduced price permits for the multi-storey car park which was made last year is still available. It is not, but if sufficient people, a minimum of 100, express a definite interest one final approach will be made to N.C.P. to see if they are willing to make a similar offer. The scheme failed last year because only 16 people expressed an interest.

Anyone interested should send details of name, department and telephone extension and the amount which would be paid to Sector Administration, Counting House, Guy's Hospital. Queries should be referred to extensions 3147, 3148 or 3149. The price offered last year was £3.00 per week but it is reasonable to suppose that there would now be an increase.

Lilly Medical Journalism Research Award 1980/81

Applications are again invited for the Lilly Medical Journalism Research Award. The Award, which was established in 1975 by Lilly Industries Limited in conjunction with the Medical Journalists' Association, is to the value of £1,000 and allows the winner to research a medically related subject in a country of their choice outside Great Britain.

The Medical Journalists' Association invites applications from journalists up to 30 years of age and from older applicants who are new to the field of medical journalism. Applicants do not have to be members of the Medical Journalists' Association.

Entries should include the following material:

1. Examples of published work in the field of medical journalism that have appeared during the year ending September 1st, 1980. Please submit 3 sets of each item.
2. A short account of the way in which the applicant would seek to utilise the Award in pursuing a line of study in the medical/scientific field in a country or countries outside Great Britain.

Entries, with background information on the entrant, should be sent to: The Honorary Secretary, Medical Journalists' Association, 167 Hatfield Road, St. Albans, Herts., to arrive no later than 31st October, 1980.

For further information, please telephone Dr. Michael Jameson on St. Albans 54114.

Your very good health

The Unit for the Study of Health Policy has brought to our attention the publication of a directory of groups involved in health and healing in Britain. The directory, entitled "Your Very Good Health" is published by The Churches' Council for Health and Healing and is available at £3.50 plus 50p postage, from the following address: The Churches' Council for Health and Healing, St. Marylebone Parish Church, Marylebone Road, London, NW1 5LT.

This Month's Cover

This month's cover shows our founder, Thomas Guy, welcoming a new intake of students. It is a reproduction of a print published in the *Gazette,* Vol. 21, p. 323.

Dates from the Medical Diary

September

Mon. 29 *WINTER TERM BEGINS.*
New Students' Calendar (1980/81) available from Medical School Office.

Tues. 30 Entries close for the M.B., B.S. (Revised Regulations) Examinations in November.

October

Mon. 13 Final M.B., B.S. (Old Regulations) Examinations begin.
Entries close for M.B., B.Chir. (Cambridge) Examinations.

Dates from the Dental Diary

September

Mon. 29 *WINTER TERM BEGINS.*
The Calendar for 1980/81 will be available from Medical School Office.

October

Wed. 1 Applications for the Second B.D.S. (Nov./Dec.) Examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Thur. 2 Final L.D.S. Examination, Part III begins.

Wed. 8 Applications close for the Third B.D.S. (Nov./Dec.) Examination. Parts I, II, III, IV and V.

Wed. 8 Applications close for the Second B.D.S. (Nov./Dec.) Examination.

Mon. 13 Entries close for the Prize in General Subjects Examination.

Mon. 13 Prize Examination in Children's Dentistry, including Orthodontics begins.

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Obituary

RUSSELL CLAUDE BROCK

The death of Lord Brock on September 3rd sadly represents the loss of the most recent of the great men of Guy's. He was 76 years of age. His brilliant and dynamic application to the evolution of cardio-thoracic surgery established him as a doyen of his speciality and he created an exciting and rewarding era for Guy's, which he viewed as his second home. There is no doubt that he will be recorded as one of the great figures in the annals of medicine.

He entered Guy's Medical School from Christ's Hospital at the age of seventeen in 1921 with an Arts scholarship.

The record of his achievements and honours appropriately reflects his stature. As a student he was awarded the Michael Harris Prize for Anatomy, Woolridge Memorial Prize for Physiology, Golding Bird medal and scholarship for Bacteriology, Treasurer's Gold Medal for clinical surgery and Treasurer's Gold Medal for clinical medicine. He qualified M.B., B.S. in 1927 with distinctions in anatomy, medicine and surgery. He gained his F.R.C.S. in 1928. He was awarded a Rockefeller travelling fellowship in the following year, which he spent with the late Professor Evarts Graham in St. Louis, Missouri. This resulted in his exposure to the evolving speciality of thoracic surgery to which he subsequently devoted his considerable talents.

His subsequent career included appointments as surgical registrar and tutor at Guy's and research fellow of the Association of Surgeons of Great Britain in 1932, and in the same year he gained his M.S.

He was appointed consultant thoracic surgeon to London County Council in 1935 and surgeon to Guy's in 1936. Later in the same year he was appointed surgeon to the Brompton Hospital. He retired from his National Health Service appointments in 1968 and accepted the post of director of the Department of Surgical Sciences of the Royal College of Surgeons in the same year. His unabated clinical interest was continued in private practice for several years. Even after he ceased operating he would attend the operating theatres at Guy's to watch with interest the application of new techniques in cardiac operations.

He took a very active interest in the Royal College of Surgeons of England. In 1935 he won the Jacksonian Prize for his essay on New Growths of the Lung and became Hunterian Professor in 1938. In 1949 he was appointed a member of the Council of the College and served as Vice-President from 1956 to 1958. In 1963 he was elected President. He was also Bradshaw Lecturer in 1957, Hunterian Orator in 1961, Lister Orator in 1967 and Astley Cooper Orator in 1968. He was a member of the Court of Patrons of the College.

In addition he received the Julius Mickle Prize of London University in 1952, the Fothergillian Gold Medal of the Medical Society of London in 1953, the Cameron Prize of the University of Edinburgh in 1954, the Gold Medal of the Society of Apothecaries in 1955 and the Gold Medal of the West London Medical and Chirurgical Society in the same year.

Further honours bestowed upon him included Fellowships of the Royal Colleges of Surgeons of Edinburgh, Ireland, Canada and Australia, and Colleges of Surgeons of America, Brazil and Russia, and honorary degrees of the Universities of Cambridge, Leeds, Hamburg and Munich. He especially cherished the conferring on him of honorary visiting physician to the Johns Hopkins Hospital of Baltimore.

He was elected President of the Thoracic Society in 1951, President of the Society of Thoracic and Cardiovascular Surgeons of Great

Britain and Ireland in 1958 and President of the Medical Society of London in 1969.

He was knighted in 1954 and created a life peer in 1965, taking the title of Lord Brock of Wimbledon.

Showing an early aptitude for medical writing, Brock became assistant editor of Guy's Hospital Reports in 1935 and editor in 1939. His own subsequent contributions and the improvement in the standard and quality of the journal during his tenure of office reflect his outstanding ability in this sphere.

At the same time he devoted much time to the history of London Bridge and its environs, on which he became an acknowledged expert. He was also a pioneer in the identification and restoration of the old operating theatre of St. Thomas's Hospital, which remains as a tribute to his initiative, next door to the Chapter House of Southwark Cathedral.

His treatise on the life and works of Astley Cooper is also a permanent memorial to the author and his subject.

The preceding catalogue of Brock's achievements, incomplete as it is, does not really reflect the genius of the man it depicts, for he had a brilliant, original, critical and logical mind, with self-criticism much emphasised, although his shy and defensive personality often concealed it.

Possessed of indefatigable energy, he combined research with clinical application and made notable contributions to the literature on the anatomy of the bronchial tree, the development of closed mitral valvotomy and the treatment of the tetralogy of Fallot among a long list of publications.

After the visit of Professor Blalock of the Johns Hopkins Hospital, Baltimore to Guy's in 1947, Brock vied and collaborated with him in the surgical management of cyanotic heart disease. They become good friends and Brock not only enjoyed further visits to Baltimore but to many other surgical centres in the United States, where his work was greatly admired. His direct and simple approach made him an ideal surgical ambassador and at the same time provided a little relaxation, which he allowed himself all too rarely. His garden at his beautiful house in Wimbledon likewise afforded him much pleasure and the staff on a Saturday morning, when he could spare the time, were examined on their plans and achievements in a manner *pari passu* with the education of surgical registrars.

It is hard to appraise the work of a man so outstanding in his profession, but his consuming interest was always in the future, typified by the fact that he visited both Harefield and Papworth shortly before his death to discuss cardiac transplantation.

A whole host of patients will remember him, not only for his skill but the courtesy and consideration he showed them. This was exemplary and a tenet of his teaching, which was always incisive and stimulating.

Nurses and sisters, who cared for his patients and were part of his operating team, recognised his greatness, albeit at times exasperating and exacting in its demands. But the large number of assistants, and registrars in particular, whom he taught quickly came to appreciate the master and have carried his principles and practice far and wide. They

are indeed his successors in a field which delighted Brock for the challenge it represented. Hardly explored before his day cardiac surgery, as he leaves it, has had few if any greater contributors and surely none with comparable clarity of thought and expression, with the meticulous attention to detail on which he always insisted.

It is fitting indeed that he will be remembered at Guy's by Russell Brock Ward in the Tower Block, devoted to Intensive Care. There could be no more suitable epitaph for such an illustrious servant of the Hospital, as he was proud to call himself.

In 1927 Brock married Germaine Louise Ladevèze and they had three daughters. The death of one of them saddened him in his last years, but her children and those of her two married sisters consoled him in some measure for this. The first Lady Brock died in 1978, and in 1979 Lord Brock married Chrissie Jones, who survives him.

G. B. and A. K. Y.

(A Memorial Service will be held in Southwark Cathedral on Monday, 27th October, at 11.30 a.m.).

JEAN MARY FARMER

Guy's staff and students learnt with great sadness that Jean Farmer, the Wills Librarian, had died quite suddenly in the Hospital on Saturday, 16th August, at the early age of forty-nine. Jean came here as Librarian in July, 1971, from the Lambeth Public Library where she was Scientific Librarian and Liaison Officer to the Lambeth Information network and where she had worked since 1966. She had previously been Senior Assistant Librarian to Glaxo Laboratories and Assistant Librarian to the Royal College of Nursing Library in London. She obtained the Fellowship of the Library Association in 1968. In the short space of nine years as Wills Librarian Jean, through her single-minded application, extended the scope of the Library Services to both staff and students and successfully persuaded the School to increase the number of posts in the Library and to renovate and enlarge its premises. The recent extension into what at first appeared a singularly unpromising basement has in fact provided a most pleasant and valuable Periodicals Room and by freeing space has transformed the facilities of the Main Library. This extension stands as a monument to her personal vision of the role of the Wills Librarian and a lasting reminder of her devotion to the School. Jean's small and energetic figure, determined gaze and frequent pointed comment could not conceal her fundamental warmth and generosity and kindliness of spirit. She will be long remembered and most sorely missed. We extend our deepest sympathy to her mother and to her family and friends.

S. C.

Clubs' Union News

"On an occasion of this kind it becomes more than a moral duty to speak one's mind. It becomes a pleasure."

("The Importance of Being Earnest")

Therefore, I make no apologies for repeating myself again—Welcome to the bewildering Guy's campus! It features a curious mixture of architectural styles, woven together over a wandering topography, housing an army of workers looking after every aspect of human health.

Consequently, it will take time for the place to become familiar and longer before you feel as if you belong. Another aspect of settling in is mastering the ability to balance work with everything else; this skill comes with time, too.

The facile initial distinction of students with "Freshers" and "Non-Freshers" (for whom an appropriate name does not spring to mind) raises the question—how long is one a "Fresher"? People stop being Freshers when they are happily integrated. In an attempt to shorten this process of integration, the Clubs Union has arranged the following programme for Freshers' Week, to which everybody is invited:

Mon. Sep.	29	16.00	Freshers' Fair (Ballroom)
		19.30	Barn Dance (Ballroom)
Tues. Sep.	30	12.30	Charity Lunch (Ballroom)
		18.30	Film—"Front Page" (Physiology Theatre)
Wed. Oct.	1	14.30	Sports Trials (H.O.P.)
		19.30	Barbeque and Disco (H.O.P.)
Thur. Oct.	2	18.00	Pub Crawl (Bar)
			Theatre Club Production of "A Day in the Death of Joe Egg" (Ballroom)
Fri. Oct.	3		Second performance of play, plus band—"Flexitunes".
Sat. Oct.	4	20.00	Freshers' Ball: Band—"Aphrodiziacs" plus Disco (Ballroom). 80p in advance; £1 on door.

If you have any questions or problems, the Union Office is open every lunchtime on the first floor of Boland House; we can usually provide advice, at least.

The Snowflake Ball 1980 has science fiction as the theme and will be held in Boland House on Friday, 28th November. If anybody is interested in helping with the organisation of this annual beanfeast, please contact Roger Matthews, c/o Boland House.

Concern has been expressed that the Orchard-Lisle Swimming Pool, under Wolfson House, is being severely under-used. The pool is a most valuable recreational resource within Guy's and yet is used by a tiny minority of Guy's students. Dr. A. Fry, c/o Department of Psychiatry, Guy's Hospital, would be most grateful for suggestions on how to improve its popularity.

Deb Brooke.

Freshers' Section

Welcome to Guy's from the Deans

J. C. Houston, Dean, Guy's Hospital Medical and Dental Schools

To enter any educational establishment is a step into the unknown and although Guy's is a household name throughout the world of medicine, I imagine that few of you know very much about it. This deficiency can be repaired to some extent by a perusal of "Mr. Guy's Hospital" by Hector Cameron, a devoted Guy's man and an outstanding paediatrician on whose firm I had the privilege of serving as a student. But Cameron's story stops at the end of the second World War and much has happened since then, most notably perhaps the building of the new Surgical block, the Guy's Tower and the student residence, Wolfson House and, on the academic side, the development of many clinical Professorial units. What you really want to know is what it's like being a student here, and that I don't believe anyone can tell you in other than a rather superficial way; as in marriage, you have to experience it yourself for a while before you know whether you've made a wise choice. I can tell you, however, that most Guy's graduates look back on their time here with great pleasure and affection and I can predict with a good deal of confidence that the great majority of you at least will enjoy the next few years very much. It gives me great pleasure to welcome you to this happy prospect.

Professor W. J. Tulley, Dean of Dental Studies

You are about to embark on the course at Guy's which aims to produce a good all-round dental surgeon. The course of study is a complex mixture of academic and highly technical work. This is reflected in the Guy's campus with its contrasting mature setting of the Medical School, in which you will carry out your pre-clinical studies, and the modern, highly equipped clinical Dental School, which occupies the upper nine floors of the Tower, where you will spend the greater part of your time at Guy's.

It used to be assumed that Freshers had had considerable first-hand experience as dental patients, but in recent years preventive methods and better health education have gone some way to reducing dental disease. Therefore, because some of you may have little, or no, knowledge of how it feels to be on the "receiving end" it is important that you make contact with patients and their problems as soon as possible. Despite the fact that in your first year much of the time will be taken up with academic studies, ways will be found of making sure that you get the feel of clinical dentistry. Many Freshers find that attending as patients themselves does make for a better understanding of the dentist/patient relationship.

Working in the mouth requires a high degree of manual skill and dexterity and consideration of the patients' needs and attitudes. This is why an essential part of the academic studies will be directed towards

an understanding of human behaviour in health and disease. Remember, the most important person in any hospital or clinic is the patient. One of the hallmarks of good dentists is that they are kind and caring people. Even if you reach the highest levels of academic and clinical prowess, you will fail in the practice of dentistry if this point is not uppermost in your mind.

You are encouraged to get to know the clinical school and to use the excellent library facilities on the 27th floor of the Tower which, in addition to its first-class selection of books, has a very pleasant atmosphere.

I welcome you to the Guy's community—make the most of this opportunity and I am sure you will enjoy your time with us.

Now you're at Guy's . . .

Anatomy

Professor J. Joseph, Department of Anatomy

The subject of anatomy embraces more than the dissection of the human body although work in the dissecting room appears to represent in the minds of most students and many preclinical and clinical teachers what constitutes anatomy. There are at least three subdivisions of the subject which are also included in the anatomy course, histology, embryology and neuro-anatomy which together add up to more than half the teaching in the department. The aim of the course is to make sure that the student knows and understands the macroscopic and microscopic structure of the body and its development and growth. Without this knowledge a student is unable to grasp how the body functions in health or disease. Anatomy is also required to provide a language without which everything else becomes almost incomprehensible.

Because the language is new and the subject rather extensive, students find learning anatomy rather difficult. What is much worse is that the subject appears to be so easily forgotten. If it is any consolation, it should be pointed out that these problems are not new and they are fully appreciated by all anatomy teachers. Unfortunately many students are under the impression that if they look, listen and read, information will be absorbed, retained and produced on the appropriate occasion. If they fail to do this the fault lies with what they are shown or told, or the books recommended are defective. What they do not realize is that some effort must be made by the student to learn any subject within a reasonable period of time. I call this studying and without it acquiring the preliminary knowledge needed for the study of medicine is very difficult. Perhaps it is an educational heresy, but students have to make their contributions and must not rely entirely on their teachers and methods of presentation for learning any subject. Of course a good teacher and audiovisual aids help enormously and students are at Guy's for more than just learning a number of dry facts. The trouble is that without certain basic information further advance in understanding and also developing one's thoughts are impossible. Because the curriculum

is very extensive, it is too much to hope that the average student will "read round the subject" and develop original ideas about anatomy, physiology, biochemistry, pharmacology etc. etc.

It all adds up to something like this: you *need* anatomy, you *will* have problems with the subject, we *will* help you as much as possible, you *must* make a personal effort and we do not expect *too much* of you.

Biochemistry

Professor A. T. Diplock, Department of Biochemistry

Mention the word "biochemistry" to many practicing doctors and dental surgeons today, and you will often be confronted with an expression of distaste, because so often previous generations of practitioners remember their study of biochemistry (if they remember it at all!) as a miserable experience of seemingly meaningless formulae and symbols, with little evident relevance to medicine and dentistry. In the Biochemistry Department at Guy's we have a strong belief in progress in medicine and dentistry being achieved through application of the subject to problems in the causation and treatment of disease. Thus the five term course in biochemistry that we offer to medical students, and the three term course for dental students, are both designed to stress the relevance of biochemistry to the professions. This objective is strengthened by the frequent clinical demonstrations that are arranged, beginning right at the start of the course.

The philosophy of collaboration between basic medical sciences and clinical medicine and dentistry goes far beyond undergraduate education. In the postgraduate and research spheres, the full potential of this idea is realised in research projects that are running at Guy's which have the close involvement of basic scientists and clinicians working together on problems of mutual interest. As evidence of formal recognition of this fact, it has recently been possible to set up joint lectureships or honorary lectureship appointments between the Department of Biochemistry and Clinical Departments in the Medical and Dental Schools.

Shortly after you set foot in Guy's this philosophy of strong basic science departments in close physical and intellectual contact with clinical medicine and dentistry will be put to the acid test. A major reorganisation of medical education in London is under way with a view to making economies where possible. It has been proposed that basic science teaching of medical and dental students at King's College in the Strand should cease, and that the Medical and Dental Students of King's College Hospital Medical School should be taught either at Guy's or at St. Thomas's for the early years of the course. This proposal has, quite naturally, met with fierce opposition from King's College and a counter proposal has been put forward that basic science teaching should cease at Guy's instead. The issue devolves essentially on whether our "integrated" course is more successful in educating doctors and dentists than the less "integrated" course offered at King's College. A decision should be reached in October/November.

Pathology

Dr. D. R. Turner, Reader, Department of Histopathology

The subject of pathology covers the various aspects of laboratory diagnosis of disease, and as such represents an important part of medical practice. In many cases it can be the culmination of the diagnostic process which is the most fascinating part of medicine for most practitioners. Only then can one begin to consider which therapeutic methods should be selected to hasten the patient's recovery.

However there is more to pathology than the diagnostic role. It also includes the detailed study of disease processes which involves dissecting the various components of disease. This can be done in an armchair, pondering over theoretical aspects of disordered biological mechanisms, in a library analysing the results of workers in different parts of the world, or in the laboratory working either with human samples or through the medium of animal experiments to simulate human disease.

The range of interest is vast, and indeed rather daunting at first, but as one extends one's knowledge, so the problems begin to unfold before one.

If you are left confused as to whether pathology is an academic or clinical subject then this is understandable, because it is both. It rests on a solid scientific background built over the last hundred years or more, but it is also intimately related to the clinical aspects of disease. Indeed diagnosis of many conditions is only possible if the pathologist is provided with the correct clinical information to assist in the analysis of pathological data. I am sure that many of our clinical staff would have benefited from working in a pathology department for 6 months or so during their post-graduate training. Perhaps you will be able to incorporate such a phase into your studies.

In the mean time, recognise pathology for what it is; the central scientific core of medicine linking basic studies of anatomy, physiology, biochemistry and pharmacology with clinical practice.

Unfortunately specialisation in medicine and its basic sciences has created a rigid departmental structure which can be counter-productive as far as education is concerned. It is the student who is forced to co-ordinate all the different aspects of medicine into a corporate whole within the limits of his own cerebral cortex. Some attempt at integration of different aspects of medical teaching has been attempted in the present medical curriculum, but it did not solve the problem and the modern trend is towards increasing specialisation. Despite this basic problem I trust that you will find that your studies in pathology provide you with a sound basis on which the rest of medicine can be built.

Picture:

An overhead view of Guy's showing the major buildings (although the Tower is still in the process of being built!) Indispensable for lost Freshers!

Pharmacology

Professor R. Spector, Department of Pharmacology

This introduction of the teaching of pharmacology at Guy's provides a good opportunity to welcome new students to the Medical and Dental Schools. The pharmacologists and clinical pharmacologists are fortunate in coming in contact with the students for their first days and continuing the association until the final examinations. Even beyond this practising doctors and dentists have come to realise the awful truth about modern drugs—which is that many of them are highly potent modifiers of cell function. This means that they can influence disease states but may also produce serious toxic effects.

Perhaps one of the most important aims of the pharmacology and therapeutics courses at Guy's is to correlate the molecular aspects of drug action with the clinical importance of this in medical practice. Because the term drug includes any chemical which can alter cell function, the range of substances which practitioners currently use is astonishing. Similarly the implications to man of the effects of a single drug are sometimes remarkably broad. Alcohol, for example, has not only been used in treatment (to dilate arteries) and prevention of disease (by sterilising the skin or by raising the plasma levels of high density lipoprotein cholesterol) but the many diseases caused by alcohol may have medical, surgical, paediatric, psychiatric, genetic and sociological aspects.

Perhaps the neatest way of summing this up is by defining pharmacology as how small molecules do big things.

Physiology

Professor I. Macdonald, Department of Physiology

Physiology is defined by the *Shorter Oxford English Dictionary* as "the science of normal functions and phenomena of living things". In this department the aim of both teaching and research is the understanding of the functioning of "normal" man.

In physiology we must understand that the term "normal" does not define a single state but must take into account variations in function that occur between individuals of, for example, different age, sex, physical fitness as well as in special states such as pregnancy and lactation. A thorough grasp of normal human physiology is invaluable to the understanding of the departures from normal function that occur in disease.

Although there are basic facts which must be learnt by the student of physiology and which also apply to all vertebrates, much of the course is concerned with understanding the mechanisms by which the changing demands of man are met.

Physiology is a logical subject and those who enjoy using reasoning and deduction will enjoy its study.

The course for the medical student consists of one practical class and one tutorial a week, and a lecture a week in the first two terms increasing to two a week in the subsequent three terms. The practical classes are almost entirely on man, while the tutorials are mainly concerned with interpretation of research data. Some experience of and involvement in research is obtained during third and fourth terms, as part of the practical course.

For the dental student there is a shorter course, similar in outline to that for the medical students with two lectures, one practical and one tutorial a week during the three term course.

For the top-drawer student there could be the opportunity to study for an Honours B.Sc. in Physiology.

Psychology

Dr. J. Weinman, Unit of Psychology Applied to Medicine

Those of you who are earnestly expecting the psychology course to provide an instant personality assessment kit are in for a disappointment. The task of understanding the vagaries and complexities of human behaviour is not a trivial one and simple solutions are just not available, despite the impression given in the writings of psychology's more notorious popularisers.

The B.M.S. course has two broad aims. Firstly there is an attempt to provide an outline of aspects of psychology which can be applied to areas of medicine. This includes an account of basic psychological processes (e.g. memory, emotion, etc.), the links between brain mechanisms and behaviour, the nature of individual differences in behaviour and of social interaction. The second aim is to deal with areas of medicine in which an understanding of human behaviour can play an important part. Thus this covers such topics as psychological reactions to illness, handicap and hospitalisation, doctor-patient interactions and the role of psychological factors as aetiological agents and in treatment. By encompassing these two broad themes it is hoped not only to convey something of the rigour and scope of current psychological approaches but also to provide insights into the world of the patient.

The Unit of Psychology also offers a number of places to students wanting to do an intercalated B.Sc. course in psychology or in combination with other related subjects such as sociology, neuroanatomy and neurophysiology.

Sociology

Dr. D. Armstrong, Unit of Sociology Applied to Medicine

The sociological factors involved in health and disease are taught to three groups of Guy's students.

In their first clinical year, dental students receive a short course about the relationship between social factors and the attitudes and

behaviour towards dental care, as well as the problems involved in the assessment and the provision for dental need.

Medical students receive a forty-hour course in the sixth term of their pre-clinical period. This is intended to stimulate thought about the social factors which affect the use of health services by members of the public, and the subsequent response to treatment. There are also discussions about the role of social factors in the aetiology of disease, and in the delivery of health care.

Students who complete their B.M.S. course in a satisfactory manner may take advantage of a variety of course units in medical sociology for a B.Sc. degree arranged by the University of London on an inter-collegiate basis.

The Questions You Ask Us

by **The Wills Library Staff**

How do I find a book in the library?

The card catalogue, opposite the issue desk, is arranged in author and subject sequences. On the top right-hand corner of each card are letters which tell you where books are located: eg REF—Reference, S.L.C.—Short Loan Collection, BME—the section on Anatomy (pre-1979 titles), QT/104—recent books on Physiology. The library is in the process of changing its classification scheme and recent purchases are filed in a separate sequence.

What are "Short Loan" books? (see above)

These are the books in greatest demand, mostly current textbooks. They can be borrowed overnight or from Friday to Monday.

How can I find the most up-to-date book the library has on the subject in which I am interested?

The subject catalogue is arranged in alphabetical order of subjects with the most recent books on each subject first.

How many books can I have out at once?

As many as you like within reason.

Do I have to have my reader's ticket to borrow books?

Yes. Also, since you are responsible for all books issued on your reader's ticket, if you lose it please tell the library staff so that a check can be made.

How long can I keep a book out?

Four weeks, except for Short Loan books. If another reader wants your book, however, you must return it after a week.

Can I renew a book I have without coming to the library?

Short Loan books must be brought back the next day, and will be renewed only if there is another copy available. Otherwise, provided that another reader does not want it, a book may be renewed by telephone.

(Wills Library extension 3374; Dental Library extension 2805.)

Can I pass on a book I have from the library to a friend?

No, because you are responsible for a book as long as it is out on your ticket.

What should I do with my book when I bring it back?

Hand it to the library staff member at the issue desk. Don't just leave it on the desk or on the book trolley nearby.

The book I want is on loan to someone else. Can I reserve it?

Yes, ask at the issue desk; you will be sent a card when the book is ready for you.

Can I obtain a book which is not in the library?

Yes, most books not in the library can be borrowed for you, generally from the British Library. These "interlibrary loans" are free to undergraduates if their tutor countersigns the request form.

I want to photocopy my notes. Can I do that in the library?

There is a photocopier in the Periodicals Room. The cost of photocopies is 5p a sheet.

I am revising for exams and would like to see some past papers. Are these available in the library?

Final MB, BS papers and MCQ books are kept in the library for consultation. The Medical School Office holds reference copies of BMS papers.

The library is very crowded. Is there anywhere else I can go to study?

There are study places on the ground floor of the Gordon Museum, which is open from 9 a.m.–5 p.m., Monday to Friday.

I think that the periodical I want is in the Anatomy Department library. Can you confirm this and may I go and read it there?

Periodicals held in departmental libraries in the School and Hospital are recorded in the periodicals holdings list in the library. Departmental libraries may be used for reference, but please ask permision from the Head of Department.

I have heard about the new computerised information retrieval services in medicine. Are these available at Guy's?

Yes; ask the library staff for more information. Demonstrations can be arranged for groups of students.

Can I borrow books from the University of London library?

Yes, all students may use the University library at the Senate House. Application to join should be made at the registration desk in the entrance hall on the 4th floor of the Senate House. (Proof of student registration is required.) Ask the library staff for more details.

If you have other questions, please ask the library staff—they are there to help you.

Guy's Hospital Dental Society

by Our Dental Correspondent

All Guy's Dental Students are members of the Dental Society which is a constituent club of the Club's Union.

In addition to presenting a series of lectures during the year, the Society helps to run the Annual Clinical Day Meeting and organises the Dinner and Ball which follows the Meeting and which will be held at the Grosvenor House on Saturday, 7th March, 1981. The Society also represents the interests of students in regular meetings with the staff at the Dental Society Management Committee.

Any student wishing to raise a point about the course should contact an officer of the Society and the problem will be investigated.

The Society would like to welcome you to Guy's Hospital, and hopes that you will participate in some of the events being organised by the Society (see below for October programme).

OCTOBER PROGRAMME

Meetings will normally be in the Tower Lecture Theatre at 5.15 p.m. and tea will be available in the Foyer from 4.45 p.m. (free).

Tuesday, October 14th, 1980

Presidental Address—THINGS HAVE CHANGED.
Mr. A. D. Robinson, President of the Dental Society.

Tuesday, October 21st, 1980

HISTORY OF THE TOOTHBRUSH
Mr. David W. Day
To be followed by a Wine and Cheese party in the Robens Suite, kindly provided by Addis Ltd.

Tuesday, October 28th, 1980

Student Communications

The Student Medical Education Committee

by Chas Newstead, Student Chairman

The Student Medical Education Committee (SMEC) is the body which is responsible for making representation to the staff on all aspects of the medical curriculum. On the committee sit twelve students and five members of staff, the chairman is a student. The student representatives are elected from each medical student year. The elections are held in November and as we are just about coming to the end of our term of office I thought it would be a good idea to compose a report detailing our activities for the past twelve months.

Representing a body of opinion is a difficult task and in the past questionnaires circulated to the students have allowed us to more accurately quantify their reactions to various aspects of their education.

During the spring of this year we were actually asked by the Biochemistry Department to help them evaluate their new teaching course. Tim Lancaster, one of the senior BMS representatives took on this task. As a result of this joint venture by the department and SMEC significant changes are to be made, such as increasing the number of questions in the first year examination and adjusting the lecture and practical time tables. In the questionnaire we also included some queries relevant to other parts of the pre-clinical course; the results of these indicated that there were still areas of considerable dissatisfaction and we are at present trying to organise a useful dialogue between SMEC and the departments involved.

Other parts of the pre-clinical course have been under scrutiny and SMEC members Angela Barnicoat and George Noble have been involved in discussions which we hope will lead to a re-structuring of the at present eclectic Human Reproduction course. Some work has also been done to sound out opinion for an integrated (pre-clinical) neuro-sciences course, but this is at rather an early stage.

Simon Plint has done a great deal of work on an educational experiment concerning the design of an inter-disciplinary geriatric teaching course. The model of the course run at the Middlesex Hospital has been examined, elements of it being incorporated in the new design. The philosophy there is that many of the para-medical disciplines have a great deal to teach us about "total patient care" and indeed much of the learning can be done in conjunction with para-medical students. This idea has at the moment failed to gain impetus mostly because of timetabling difficulties and our inability to persuade a senior member of the medical staff to take on the considerable administrative burden which setting up such a course entails.

SMEC has been very concerned this past year with the consequences of the Medical Research Council's decision to freeze the number of awards made to medical (and dental) students who have been recommended by their schools as deserving the opportunity to pursue an intercalated B.Sc. course. This has caused many problems: at Guy's the committee responsible for recommending B.Sc. students sits rather late in the academic year, and though several local authorities and other bodies are willing to offer financial support, Guy's students may be at a disadvantage because they are obliged to apply so late in the day. An inevitable consequence of the drop in numbers of grants awarded to Guy's students is that the number doing any one subject will fall, a problem here is that some of the departments in Guy's are very reluctant to teach small numbers of B.Sc. students and would rather not run such a B.Sc. course at all. Among senior BMS students there exists a great deal of uncertainty about the awarding of both B.Sc. places and grants and confusion as to a student's eligibility for intercalated B.Sc. courses at other institutions in the University of London. SMEC is at the present time attempting to clear up some of the confusion and apparent inequality of opportunity that exists for potential B.Sc. students.

In the second half of this article which is due to appear in the next issue of the *Gazette* I conclude by describing the work that has been done on behalf of the clinical students. The pre-clinical emphasis

in this half I hope will be of particular interest to the Freshers. This committee has in the past commanded considerable respect from the staff; to keep things this way it is essential that its delegates are truly representative, work hard and are continuously badgered with opinions from the rest of the student body. As I emphasised at the beginning of this article the elections are due soon so it is important that all of you who are affected by SMEC's machinations participate to elect a responsible, effective (and irreverent) committee for the next session.

Nunc est bibendum

by V. D. Shankar

Another year passes, and once again the Hospital is full of Freshers —who will, once their initial unease has passed, start to act as if they own the place: using doors, sitting on the chairs, and even—in particularly malignant specimens—walking on the floors. This is the time when some of the old lags start to head for slightly different pastures, as such youth in such numbers is a bit unsettling (especially with the old rheumatism playing up again), and so a dissertation upon some of the local hostelries should prove of use to many. Such an introduction cannot claim to be totally comprehensive, but it will, one hopes, be a useful source for future reference, and as a basis for the planning of a proper "in-depth" investigation. This course alone does (of course!) include sufficient information to pass all examinations upon the subject, but one would hope that the attentive student will not be satisfied, and will leave no stone unturned in the quest for knowledge.

The yards around the Hospital used to be full of public houses because of the closing of the city gates on London Bridge. This forced people from the South to stay in the area until day-break. Chaucer's pilgrims set off for Canterbury just down the road, and the pubs would have been frequented by all sorts of interesting (and often dubious) characters. It is our job to maintain this tradition, but the only pub remaining where you can imbibe in the certain knowledge that people were sitting there centuries before is the *George,* on Borough High Street. This has National Trust status, a gallery, and innumerable tourists. The beer—especially in the middle bar where Weathered's is served with a hand pump, and with Winter Royal in season—is pleasant, although service can be delayed by the small bar hatches and the hordes of foreigners. The near bar serves hot food, the far one salads—neither too exorbitantly priced, unlike the restaurants upstairs. Watch out for Arthur (a pot-boy in the old tradition), and the town crier in the evenings. Unfortunately there is so much tourist and city trade that the management do not have to be obliging, and several Guy's men have "blacked" it for a while—although they usually return after a while, especially if they wish to impress someone. Extremely good for weekend lunches, when it is not so crowded.

Down the road a bit, and just behind the York Clinic, can be found the *Grapes.* This has never recovered since singing was banned and the place modernised, thereby losing much of its character. Nevertheless, it is a fairly convenient watering hole.

Across Borough High Street is the *Globe,* just by the entrance to Borough Market. This has Ruddles County (voted best beer at Brewex '80), Brakspear's and Guinness, and serves a limited variety of food at reasonable prices. A good drinking pub with a very good barman ("Thank you, Barry")—but beware the floor which is especially designed to catch out the not-quite-sober.

The environs of Borough Market is riddled with pubs—some of which have early morning opening—just right for those post-Snowflake tinctures (although the dinner jackets may be out of place!). Gone, though are the days when you could drink for 24 hours in the Borough, and even north of the river this is getting more difficult. The 24-hour Wobbly is now certainly a thing of the past, as is the Circle Line (half a pint in a pub at every station along the Circle Line), and the Molar Run is looking rather unhealthy. *Becky's Dive Bar* is no longer with us, although some pale shadow may be called the *Dive Bar,* it is no longer the dive it used to be.

Still by the Market, however, one will find the *Southwark Tavern* (not often Guy's frequented); the *Wheatsheaf* (with Sam Smith's and Director's) which is good but never seems to be much used; the *Harrow,* a free house; and, up the Clink (where parts of that infamous gaol can still be seen) is the *Anchor.* Everyone is taken to the Anchor at some stage in their first few weeks, but, although it has a very pleasant platform overlooking the Thames, it is not recommended. It does not have the *George's* history, but has the tourists; the food is fair, but expensive; the beer is under top pressure, and again expensive.

Closer to home is the *King's Head* with good food and Director's, but rather crowded with office workers at lunchtimes—as are most of the pubs adjacent to Borough High Street. We should, therefore, move on to consider those, which are also the Wolfson House locals.

The *Whitesmith's Arms* on Crosby Row is very close to Guy's, with Director's and Guinness, but is never used as much as it deserves to be. The *Old Miller of Mansfield* on Newcomen Street contradicts its name after having been rebuilt. As with the *Grapes,* it has never recovered from modernisation. The *Rose,* just opposite the Greenwood Theatre, is closest to Wolfson by a short hair, and the inside décor is so revolting as to be positively tasteful. Ray is always obliging, but the beer is limited if you do not like IPA. A metre or so further, but not so obliging although with a better variety of bitter is the reopened *Horseshoe and Wheatsheaf.* Many Wolfsonites cannot quite decide between the two for their 10 o'clock swill: possibly the beer is winning at the moment.

Further away towards Long Lane are the *Britannia Arms* and the *Guy's Arms*—neither frequented much by Guy's people nowadays—and the *Leatherseller's Arms,* which has just been reopened. It has been transformed, and although oldsters will feel a strange nostalgia for the old decor (or lack of it), the beer is now Fuller's, and good. This could be a place for the future.

Towards St. Christopher's are several pubs, especially the *Simon and Tanner* on Long Lane with its excellent Shepherd Neame. The *Ship* opposite is a possible alternative, but avoid the *Valentine and Orson.*

At slightly greater distances it is worth considering the *Dickens* at St. Katharine's Dock, just across Tower Bridge, which is expensive but has a superb atmosphere and outlook, and a superb selection of beers. There are several around the riverside towards Greenwich, including the *Mayflower.* One that must be recommended is on Borough Road, just off Borough High Street on the way to Elephant and Castle. This is the *Goose and Firkin,* whose proprietor brews ale on the premises, as well as having a fine selection of other beers. "Bruce's Borough Bitter" and "Dogbolter" are well worth sampling—although we would urge moderation, especially in the latter. Another one is sometimes brewed in winter months, of which it is better not to speak to the young and innocent. A place not to be missed—usually crowded, jovial, with good food, and some amazing pianists.

For those who wish a more exclusive atmosphere, there are several wine bars in the locality. Most obvious is the *Loose Vine* on St. Thomas's Street. This is very convenient, with a fair selection of wines—but is rather pricey, especially the beer. *Beadle's Wine Bar* is hidden off Borough High Street with the King's Head, and is good. Pick of the bunch, however, are the two run by John Davy, a Free Vintner who opens at lunchtime and in the early evening. These are the *Boot and Flogger* on Redcross Way (just off Southwark Bridge Road) and *Skinkers* (on Tooley Street). Not cheap—but excellent quality, and a wide variety.

Nearest of all to home, of course, is the *Student Bar* in the basement of Boland House. The most important (and cheapest!) meeting place and watering hole: but don't get tied down to it. Be adventurous, and you will be repaid. I leave you with the motto of the *Goose and Firkin:* usque ad mortem bibendum.

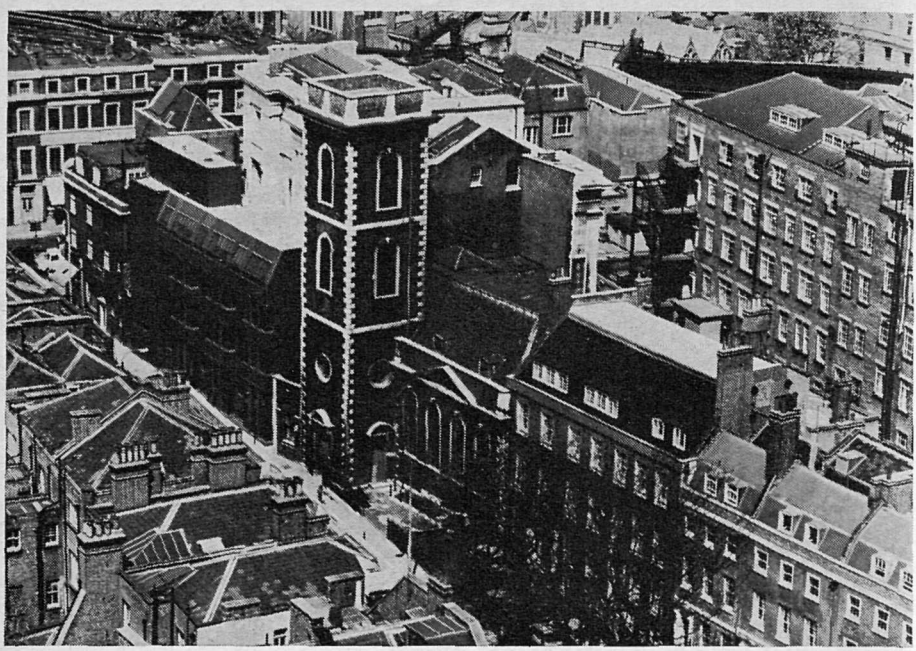
Renovations at the Chapter House

by Our Special Correspondent

Many of the ancient timbers in the historic and important Herb Garret and operating theatre at the Chapter House, St. Thomas's Street, have recently been treated against the aptly named Death Watch Beetle and its boring bed fellow the Common Furniture Beetle.

Timber preservation technicians from Rentokil were consulted over the problem and asked for their diagnosis and to recommend treatment. Spray applications and injection of powerful insecticides helped save much of the infested members; where decay had gone too far the offending areas were amputated and new sound and healthy treated timbers grafted on. All the treated areas are now in sound heart and open to the public once more.

Southwark Cathedral Chapter House in St. Thomas Street was formerly the Church of St. Thomas, a parish church within St. Thomas's Hospital, which occupied a site here from 1225 to 1865. As part of a general rebuilding of the hospital from 1693 to 1708 the Church was rebuilt in 1702. Sir Christopher Wren was then a hospital governor and no doubt had an influence on the design of the new building.



The Chapter House, St. Thomas Street with its blackened skylight below which are situated the Herb Garret and operating theatre.

The loft of the reconstructed Church was used by the apothecary of St. Thomas's Hospital for drying and storing the medicinal plants from which he made the bulk of the hospital's medicines. For that reason the roof space of the Church was called the Herb Garret.

In 1821 the hospital governors decided to construct a new female operating theatre from the adjoining surgical block. However there was not sufficient space in the existing hospital itself and they had to instruct that a way be made through from the top ward into the Herb Garret and half of the space be allocated to the new operating theatre. This theatre was in use for 40 years until the hospital buildings were sold to a railway company. At this stage the way into the theatre and Herb Garret were blocked up and for nearly a century they remained unused and eventually forgotten. It was in 1956 that Mr. Raymond Russell rediscovered the ancient operating room and Herb Garret and that restoration work began. Guy's and St. Thomas's Hospitals combined to carry out this vital work and other London hospitals provided the contemporary operating room furniture which completed the final touch of authenticity. Lord Brock (whose obituary appears on p. 321) was one of the prime movers in this process of restoration.

The old theatre was reopened as a museum piece in 1962 exactly a hundred years after it had ceased to be used for surgery. It is now

the only surviving example in England of an operating room dating from the second decade of the 19th century. It saw the advent of anaesthesia in 1846 and the foundation of the Florence Nightingale School of Nursing in 1860. In more recent times it has been the subject of television documentaries and used by the BBC for the re-enactment of surgical operations of its period.

The apothecary Herb Garret, probably the only one that can now be authenticated by actual material and by documentary evidence, contains exhibits illustrative of some aspects of surgery, pharmacy and nursing, the whole being a serious and valuable contribution to London's medical history well worth preserving.

The old theatre and Herb Garret are open to the public on Mondays, Wednesdays and Fridays from 12.30-4.00 p.m. and other days and times by appointment.

Sherlock Holmes and Dr. Watson
A Medical Digression (Part IV)

by Maurice Campbell, O.B.E., D.M., F.R.C.P.

Tropical diseases

Tropical diseases, with their devastating onset, their dramatic treatment, and their fascinating natural history, in which rats or mosquitoes or liver flukes may play a part, have always been of great interest to the doctor travelling in the East; and as Watson had "an experience of woman extending over many nations and three separate continents" (The Sign of Four), he must have travelled widely, and they could hardly fail to make a strong appeal. All the more so as he himself while recovering from his wound in India was stricken with typhoid, which, no doubt, gave him a special interest in that disease.

Apart from Watson's own attack, when his life was despaired of and he became so weak and emaciated that he was invalided home from Peshawar, we are told that the first Mrs. Douglas had died of typhoid in California (The Valley of Fear). And the house in London in which Enoch J. Drebber, of Cleveland, was murdered (Study in Scarlet) was empty because the last tenant had died of typhoid and the landlord was unwilling to have the drains seen to. It is not quite clear from this last remark if Watson shared the Victorian lay view that bad smells were responsible for diseases such as typhoid, or if he knew that bad drains were only significant because they might contaminate the water supply. Anyhow such an occurrence is now unlikely in London, and the virtual disappearance of typhoid in England with improved sanitation (the death rate was 174 per million in 1891–1900 and only 35 per million in 1911–20), and its prevention, even during the Great War, by typhoid inoculation (Wright, 1904) must have given Watson immense pleasure, for he had described it as that curse of our Eastern possessions.

Malaria is one of the commonest diseases, and there are many references to it in the Sign of Four. Jonathan Small described his life in the Andaman Islands: "Twenty long years in that fever-ridden swamp, all day at work under the mangrove tree, all night chained up in the filthy convict huts, bitten by mosquitoes, racked with ague . . . that is how I earned the Agra treasure." As that was in 1888, he was quick to adopt Manson's six-year-old hypothesis that malaria was caused by the bite of the mosquito before its formal proof by Ross in 1898. Watson also realised that attacks rarely continued for more than a year or two after returning to England, unless their was a reservoir for re-infection, such as a large spleen, for we read that Major Sholto, of the Indian Army, had suffered for years from an enlarged spleen which was obviously malarial and accompanied by recurrences calling for treatment, because he describes the chaplet of pearls as on his dressing table by the quinine bottle (The Sign of Four).

One of the prisoners on the ill-fated voyage of the *Gloria Scott* was in bed with jaundice, and, considering the rats and the conditions likely to have prevailed on a convict ship during the Crimean War (1854–56), it is tempting to guess that this was a case of spirochætosis ictero-hæmorrhagica, though the cause was not discovered till many years later (1915). Though this is a most infectious form of jaundice, there would have hardly been time for other cases to develop for the ship was blown up shortly afterwards.

Roger Baskerville died from yellow fever in 1876 in Central America, and Mrs. Hebron's first husband (The Yellow Face) from the same disease in Atlanta; most likely the Atlanta in Georgia, for, though it is rather high up and not on the sea coast, it would bring both sites into the yellow fever belt, and Mr. Hebron may have acquired the disease on a visit to the sea coast and travelled home during the incubation period; his death must have been about 1880. It was about 1900–1902 that Lazear and Reed proved its conveyance by an infected brindled mosquito, and that Gorgas made Havana safe by his systematic measures for the destruction of this mosquito, the high death rate which had been present for 150 years disappearing almost completely. Lazear died of the disease, and as we at Guy's know only too well from the death of Adrian Stokes (1927), it has always been a dangerous one for doctors. The terrible mortality of yellow fever had long made it of interest to non-medical authors, for in *Vanity Fair,* dealing with the period after the Napoleonic War, Thackeray sent the notorious Rawdon Crawley to be Governor of the Coventry Islands, whence he was not expected to return. Surely this must be the origin of "sending to Coventry," an expression that has always seemed puzzling. A more recent episode would have brought it again before the notice of the public, for in January, 1885, the *Iolanthe* had arrived in the Tyne from West Afrca; six of the crew had died at sea from yellow fever and the mate and a boy were the only ones left on the ship, the captain and the other survivors of the crew of seventeen having deserted at Havre.

Finally, there is the description of the leper hospital in South Africa. Corporal Emsworth had been wounded in the shoulder and managed to ride some way till he fainted and fell from his horse. He managed to crawl to a house and put himself in an empty bed, but, to

his horror next morning, found he was in a leper colony which had been in disorder because it had been partly evacuated during the fighting. The description of the lepers with their deformed limbs is characteristic of the late stages of leprosy. But the rest of the story, though possible, is certainly unlikely; we cannot in any way blame Watson for this, since he was not present and even the account of the story was written by Holmes. But one does feel inclined to blame Dr. Kent for being willing to diagnose such a serious condition as leprosy without better evidence, especially as Emsworth had only slept one night in the leper colony; like most people who are too ready to make a diagnosis on insufficient grounds, he was not at all willing to have his diagnosis questioned. The specialist whom Holmes brought realised at once that it was icthyosis; possibly ichthyosis histrix might have some very superficial resemblance to leprosy, but sclerodermia would have been more likely to be mistaken for leprosy and would have been more likely to follow the shock of sleeping in the leper colony and the fear that he might have developed leprosy. Probably Holmes got muddled about what the specialist really said, as laymen often do; and here is another example of the many inaccuracies that would have been found had Dr. Watson not edited the stories (The Blanched Soldier).

"In Memory of the Unknown Speaker . . ."

by *Nature*

"I thought that in the eight minutes I've got I'd bring you up to date on what our group has been doing in the last year; in a sense this is a progress report and updates the paper we gave here last year; I won't go over the nomenclature again; could I have the first slide please —oh, I think you must have someone else's box—mine is the grey one with my name on the top, no, wait a minute, not my name, whose name was it now? Ah yes, you've found it; there's a red spot on the top right hand side of each slide that is the side that becomes the bottom left when you project it, OK, you've got it now, let's have a look, no, that's the last slide not the first, yes, now you've got the right one but it's on its side, what about the red dot? There are two? Well anyway turn it through ninety degrees, no, the other way, yes now we're there, perhaps we could have the lights off, well I'm sorry there are probably too many words on this slide, and the printing is a bit thin; can you read it at the back? You can't; well I'd better read it out; no I won't it's all in the paper which should be published within a month or so, and anyone who wants I'll give a preprint to afterwards, anyway, for those who can read it, this slide is a block diagram of the purification process we used and before I go any further I should mention that there are a couple of misprints: on the third row, fourth box from the left, well, of course that's the second box from the right, if you can read it, it says alkaline, now that should be acidic; also you can perhaps see the word mebmrane, that should of course be membrane; now if I can have a look at the next slide—now which one is this? Ah, yes it's the scatter diagram, I haven't marked the quantities but we are plotting concentration against particle size; if I remember rightly this has been normalized; perhaps I could have the lights for a

moment to check in the text, yes, here we are, well it doesn't actually say—we could work it out but it's probably not worth the time; so if I could have the lights off, let's have a look at the plot: well I think you can see a sort of linear relationship—there's a fair bit of scatter, of course, but I think the data are at least suggestive; perhaps if I held up a pointer you could see the relationship more clearly—I expect there's a pointer around somewhere, no I won't need the lights, yes here it is, now you can see the trend and there's just the hint of another trend running sub-parallel to it through this other cluster of points, you may see that more clearly if I slide the pointer across to the other—no, I wasn't saying next slide, just that I would slide the pointer; anyway now the next slide is up let's keep it on the screen, now this is the sort of evidence on which the data in the last slide were based; this is a thin section—it could take just a bit of focusing—yes, that's better, it's difficult to get the whole slide in focus at once, now the scale is, well that bar is one micron long, hang on what am I saying? It's ten microns long—oh dear, the chairman is giving me the two minute warning, it's difficult to give you a clear picture of this work in only eight minutes, but let's plough on, what was I saying? Ah yes, that bar is ten microns long, now if we turn to the next slide, please, this is the result of a chemical analysis of the dark region that is near the centre of that thin section, is it possible to go back a slide? Well not to worry, you can see in the analysis how dominant—sorry what was that? Oh yes, the errors are plus or minus a per cent or so —that's the standard deviation, no it can't be, it must be the standard error of the mean—oh dear, the chairman says my time is up, can I beg half a minute—are there any more slides? Really? Well let's skip the next two, now this one is pretty important, it brings together several of the threads that you've probably been able to discern running through this talk, but rather than go through it in detail perhaps I should have the lights and just put up one or two key numbers on the blackboard—the chairman says there's no chalk, well it's all in the paper I was mentioning anyway perhaps I've been able to give you the gist of what we've been doing, I guess that's all I've got time for."

This article was originally published in "Nature" magazine, 27th April, 1978. We reproduce it here by courtesy of the editor.

In Bygone Days

The Bell Tolls for Breakfast

Once upon a time, our ancestors were mighty men at their tables and 'trencherman' was a term of respect. Their days started with breakfasts which sound to us like whole-day diets for the relief of cachexia. Then, in more rested and settled times, the Scot marched round his dining room armed with a deep bowl of porridge while the *Scotsman* or *Glasgow Herald* rested sedately against a stone jar of Dundee marmalade. The morning walk completed, the empty bowl was put down and serious battle with a squad of stornoway Kippers or

Findon Haddies was allowed to start. Bacon and eggs, hot baps and new-made oatcakes were washed down by strong coffee from breakfast cups that held all of a pint. Thus the Scotsman dealt with his fast, breaking it with relish.

The wealthy Englishman of the eighteenth century would have scorned this humble snack. For him, breakfast was not a mere preliminary to the day. It was symphony not overture and in solemn style it was the duty of the time to deal with such provender as steaks, venison and sides of beef diluted, though kept company, by small beer and, we are told, witty conversation.

It seems probable that, as the eighteenth century passed and the nineteenth steamed in, the Englishman's appetite began to fail. This was possibly due to the increasingly popular habit of reading at meals. *The Times,* propped against the coffee pot, served to distract its reader from the noble pastime of breakfasting to the worries of the outer world which lurked outside the front door. It may well be that this change came at about the same time as the invention of peptic ulceration.

These days of stately and gargantuan breakfasting seem very long gone. Our ancesters would surely have been appalled to know of the damage that their cardiovascular systems suffered as a result of these morning orgies. The lipæmia following a Georgian breakfast should have been enough to promote atherosclerosis of a degree unimaginable to this toast-and-tea-and-run-for-the-8.15 generation.

Perhaps the monks of the Irish monastery which sheltered Dean Swift for a night in 1729 already knew of what we might call the fat foods—perished pipes syndrome. For when they saw the dean eating his bacon and eggs on a Friday morning, they thought of his paunchy frame and claudicating legs and gave grace thus:—

"From bacon and eggs and rotten legs, good Lord deliver us"

Recent writers such as Morrison *(Ann. Int. Med.* 37.1172.1952) and Gertler, Garn and White *(Circulation* 2: 696.1950) have produced evidence which must make us wonder whether our ancestors were anticipating the sextons's work with their teeth.

Were the monks right after all? Should our fried breakfast (a last reminder of more leisurely times) be abandoned in the interests of our serum cholesterol?

(This was taken from the Gazette of the 17th of September 1955, Vol. 64, pp. 367 & 368.)

Nursing for Medical Students

During the summer of last year it was decided, after much debate, that first year clinical medical students should do some practical nursing. This was to take the form of two nursing shifts, preferably one night and one day shift, during the introductory week before commencing their first firm.

We were each allocated to a ward and expected to report to Sister; there were no checkups made, and no attendance slips to be signed, but I think the majority of students were keen enough to give it a try.

I duly reported to Sister on my allocated ward, and was met by an ominous leer—"so you've come to learn some nursing, have you?!" I worked a full day and night shift and thoroughly enjoyed myself! I made beds, emptied bed pans, bathed and changed the patients, helped with meals and drug-rounds, and sat up all night chatting to the nurses.

No-one would pretend that one can learn nursing in two shifts but I found it an interesting and useful experience. The day to day running of any ward is almost entirely the responsibility of the nurses and ward clerk, with Sister having overall responsibility. The only way a medical student can hope to understand the ward is to be there and find out what everyone is doing at various hours of the day or night. The nursing appointment is the only opportunity to do this, and is an invaluable asset to the aspiring houseman.

It is a common criticism of medical students that they take nurses, porters, domestics etc. for granted. In fact I think this works both ways; there seems to be an inexplicable gulf between the medical and nursing students. On many wards they work together without speaking a word to each other, let alone knowing each other's names! There is little or no joint teaching between us, and amicable relationships are still frowned upon by many Sisters. Obviously this is a ridiculous state of affairs, and the nursing period at its very simplest provides the opportunity for medical students to meet nurses on their ground, fairly early on in their clinical training, and form a basis for mutual cooperation.

On a more practical basis, Sisters should make sure that their appointed medical students have been taught basic aseptic technique, and the principles of "Barrier", and "Reverse-Barrier" nursing (this would avoid the embarrassing situation of the student who forgets to wear a gown while taking blood from a barrier-nursed patient, and is promptly told to remove his clothes before leaving the room!). If possible, it would also be a good idea for medical students to wear something other than white coats, certainly some elderly patients couldn't understand why "Doctor" was giving them their bath. Are there any spare male nursing uniforms around? . . . (by the way, will they have to wear black tights as well?).

This year the new clinical students will be doing four daytime nursing shifts in the last week of September, and I hope that everyone will take full advantage of this opportunity to learn from each other, and to develop a satisfactory working relationship, which is after all, the basis of a team approach to medical care.

Postscript: The other day I asked a student nurse on the ward whether she would like a hand making a patient's bed; a photograph of her expression of consternation would have made a suitable adjunct to this article.

Stephen Adams,
Medical Student.

Physiotherapy

Historic times we live in. Fresh into the Shepherd's House pastures come the first-ever male students to be inducted into the mysteries of physiotherapy as it is taught at Guy's. Whether or not they represent the thin end of a male wedge remains to be seen, but they do represent a recognition that the profession needs a fresh infusion of men, if only to lengthen the average working-life of the qualified practitioners.

There has been a small but fairly regular intake of male students over the years—indeed, at present, we have five on the qualified staff—but, apart from a sizeable number after the war, this has been largely through the Services or via provincial Schools. Now most of the London teaching hospitals are prepared to lower their drawbridges and pull up their portcullises, provided that the applicant measures up to their specifications . . .

A visiting American physiotherapist professor (would you believe?) pointed out that in his country, advancement of the profession has been immediately attributable to their success in attracting male applicants. He believed that we should deliberately lower the entry standard, if necessary, in order that we increase our numbers, and opined that we would not make much headway in achieving an improvement in status and in salary until we do so.

It is an interesting proposition and may well make a valid point. Certainly the past history was such that only heroes or fools—like the five of us here?—would enter a profession which paid so badly, and had such a humble image. Salaries are a little better (though the recently-qualified might find that hard to accept) the image is changing but we could hardly claim even now to offer a very inviting prospect to a young man of education and personality. Should we, then, try to attract less-qualified and less-personable men as a deliberate policy?

Nationally, we now accept first-class girls as the bulk of our students: 90-95% at a guess. Of these, the great majority leave to raise a family within a few years of qualifying and return, if at all, only as part-timers when their children go to school. The structure of our salary-scales reflects this, and the fact that there is no shortage of high quality applicants supports that structure.

Would we benefit our patients if we altered, or attempted to alter, the set-up? It would be all very well improving the lot of the physiotherapist but we could hardly do that at the expense of the patient. Is there any special quality in terms of patient-care that is the prerogative of the young female?

It will be interesting to watch the progress of our young men, and to see whether the next batch of applicants produces others of a similar quality to these. It is unlikely that we will be fielding a Shepherd's House rugby fifteen in the near future, but it seems probable that mixed bathing may become the norm in the hydrotherapy pool.

R. J. Cooper.

Book Reviews

"Materia Medica for Nurses" 9th edn. by W. Gordon Sears and R. S. Winwood Pp. 341. Price £6.95. Published by Edward Arnold.

There are now several well-established British books on drug treatment for nurses and it is always interesting for me to read new editions of these to see what selection has been made.

Materia Medica for Nurses has now reached its 9th edition. The secret of its success is that it is a no-nonsense book written in a crisp, unambiguous style. Although not in note form, some lists are used. The chapters are arranged in a traditional systematic manner, with useful additional sections on solutions, prescriptions, legal aspects, cancer therapy, radioactive isotopes and modes of drug administration.

Many recent advances are included, such as H_2 receptor blockers, dopamine agonists, the newer B-lactam antibiotics and prazosin. However, the subject is contentious and few teachers would present their views in exactly the same way. For instance, I would not have described the cheese effect with monoamine oxidase inhibitors as an idiosyncratic reaction (p. 170). Also the uses of the benzodiazepines in pre-medication before general anaesthesia and in panic attacks are not described.

Nevertheless, the book is packed full of information and is pleasantly and clearly set out. It is a welcome addition to the nurse's library shelves.

ROY SPECTOR,

Professor of Applied Pharmacology

"The E.C.G. Made Easy." by John R. Hampton, 2nd edn. Pp: 82. Price £1.95 Published by Churchill Livingstone.

This small paperback has the merits of being cheap, and simple to understand and the author suggests that the proper place for it is tucked into the ECG recorder. The text is extremely simple and the illustrations very basic indeed which is an advantage in a book such as this intended to be used in step-by-step interpretation of ECGs. The statements made are unequivocal and the entire subject is presented with no discussion of possible alternative interpretations. On the whole this rigid approach is successful in simplifying electrocardiography so that with the help of this book a complete beginner should be able to analyse most of the common recordings correctly. However, because the information presented is so basic the reader would very soon find it inadequate and would need to look elsewhere to answer his questions. For example, the information about myocardial infarction is entirely contained in two pages and although the illustration are good the reader is not told how to judge whether the damage is old and of little consequence or very recent. The simplistic approach has also resulted in several incorrect statements. It is stated, for example, that the differentiation between ectopic and re-entry tachycardia has no practical importance although in fact completely different treatments may be indicated. There is also the curious statement that left bundle branch block prevents any further interpretation of the cardiogram which is certainly untrue.

Overall the book represents good value as an introductory primer but it will very soon become outgrown.

EDGAR SOWTON,

Consultant Cardiologist

"Chamberlain's Symptoms and Signs in Clinical Medicine. An introduction to medical diagnosis" Edited by Colin Ogilivie, 10th edition, Pp. 567. Price £14.00. Published by Wright

This popular introduction to medicine has run to 10 editions in 44 years, which is no mean achievement by any standard. The secret of its success has been its straight-forward approach and the inclusion of some hundreds of illustrations. Some of the illustrations are, indeed, fixed vividly in the memory of several generations of British doctors.

The book has adapted well to the times, and much new material has been introduced including, for this edition, a chapter on children and one on tropical diseases. New, too, is a chapter on medical records, apparently based on the problem oriented approach—but avoiding the more extreme doctrines of Lawrence Weaver's more devout disciples.

One of the main strengths of the book is also its weakness. The blocks of a few excellent illustrations are now so worn, that even for those of us with heady memories of the third edition, the pictures are hard to identify. It would not come amiss to have new examples of the malar flush or of Turner's syndrome; and the X-ray on pages 270 and 271 are of particularly poor quality.

I must admit to a personal difficulty, since I would have diagnosed the lady on page 48 as having acromegaly (for sure!) The caption says, however, that she is suffering from hypothyroidism and has puffy eyes. So much for spot diagnoses! Worrying, too, is the assertion that 'angular stomatitis' (cheilosis) is a characteristic feature of nutritional deficiency. Not a mention that oral candidiasis commonly presents in this way in adults, rather than with the 'patchy white exudate' that is mentioned here.

Chamberlain's 'Symptoms and Signs' will no doubt continue its popular progress as it indeed deserves to do. If the editor continues his policy of pruning the old and grafting the new, it may last for another 44 years.

MAURICE LESSOF,

Professor of Medicine

"Behavioural Science in Medicine." by H. R. Winefield and M. Y. Peay, Price £5.95. Pp. 344. Published by Beaconsfield

One result of the relatively recent introduction of psychology and sociology into the pre-clinical medical curriculum has been the arrival of a number of textbooks to cover these subjects. This book attempts to cover both subjects under the general heading of behavioural science and has rather mixed success in doing so. Some parts are quite good, others are rather poor and a number of important areas would seem to be completely omitted.

First, the bad news. The sociology component is almost non-existent and is given over to aspects of social psychology and cultural anthropology. Some of this is of interest but a certain amount of it suffers from the inevitable triteness which seems to bedevil social psychology (the science of the "so what?" experimental finding!). There is also an almost total absence of neurobiology and neuropsychology which is surprising, given the important recent advances in both areas as well as their obvious relatedness to other pre-clinical subjects and to clinical problems. Many other clinically relevant topics are also skimmed or not mentioned (e.g. psychological reactions to illness, handicap, hospitalisation etc.).

Secondly, the not quite so bad news. Some of the basic topics in the book (e.g. perception; thinking and language) are dealt with in a fairly outmoded way, without any mention of more recent research and explanatory concepts. However some of the other basic topics (e.g. intelligence, personality, learning) are covered clearly and critically.

In its favour the book does include many areas of medicine where psychology can make an important contribution. The chapter on treatment is clear and informative and the one on sex, death and communication covers a number of important topics albeit rather minimally.

It is obvious that no single textbook will appeal to all teachers and students. This one has some merits in terms of some of the contents and the overall clarity of presentation. Libraries should buy it and bits of it will be useful to students but it has too many omissions and weaknesses to allow a whole-hearted recommendation.

JOHN WEINMAN,

Lecturer in Psychology as applied to Medicine.

"The True Story of the Elephant Man" by Michael Howell and Peter Ford. Price £1.25 Pp. 223. Published by Penguin.

In 1847, "Punch" coined a new, albeit short-lived word—"Deformitomania" — describing the ghoulish taste which the public had begun to develop for circus side-show freaks. Among the most celebrated of these freaks was Joseph Merrick, a hideously deformed man who led a most bizarre life. He was nicknamed "The Elephant Man" because of a trunk-like excrescence growing from his upper lip which, in addition to its ugliness, resulted in his speech becoming progressively more incomprehensible.

Frederick Treves was a surgeon at The London Hospital, who in his time wrote two surgical text-books which were regarded for many years as standard reference works. His short essay on *The Elephant Man* did not appear until the last year of Treves' life, yet he was regarded by some of his peers as having achieved fame by the attention

he gave to Merrick and the publicity so gained. This view would not appear to be justified, although Treves did take the destitute Merrick into the London Hospital, giving him comfort such as he had never known, during the last years of his life. Why Treves devoted so much time to Merrick is one of the intriguing questions to arise from Michael Howell and Peter Ford's book. Altruism, egoism or publicity—any one of these could provide the motive for Treves' actions, but I still can't be sure which urged him on. I would like to think that, contrary to the impression given by the play showing at The National Theatre, his actions were truly altruistic.

What did worry me when I first picked up this book was that it might turn out to be sensationalist and uncritical, because of the front cover and title. But the book is written in a style which is quite Dickensian in parts and makes for utterly absorbing reading. It has been presented in a logical, thoughtful and impartial way and is an extensively researched, compulsive analysis; a model of its type.

And what was the condition that affected Joseph Merrick? It would spoil some of the fun in reading this book if I gave that away here. Read the book and you'll enjoy it, whether or not you have an interest in medical history.

JON AYRES.

Correspondence

Miss Agnes West

Dear Sirs,

In the Guy's Hospital *Gazette* August 1980, mention was made of Miss Agnes West's connection with the Friends of Guys. I should like to point out that she was a distinguished and well-liked member of the nursing profession.

Miss West trained at Guy's and after holding senior posts she was appointed Assistant Matron. She retired after being Technical Nursing Officer, Ministry of Labour and National Service.

Your sincerely,

DOROTHY M. SMITH

Rothesay,
72 Forest Road,
Horsham,
Sussex, RH12 4HL
President Guy's Hospital Nurses League

Occupational Health

Dear Sirs,

I would like to congratulate the *Gazette* and Mr. Feder for an excellent article on Occupational History.

The conclusions drawn are also absolutely right.

The lectures at Guy's in the past have not been very inspiring, and far more needs to be done in this area.

Finally, never forget to ask your patient, not only what he does, but "where" he has been doing it.

Students live with the "Masai" in Africa, van drivers get down to Turkey, "Reps" go all over the world and some professional airline pilots never leave our shores.

Yours sincerely,

I. C. PERRY,
M.B.B.S., M.F.O.M., D.Av.Med.

19 Cliveden Place,
London, SW1 W8H

Life Members' Card

Dear Sirs,

I noticed the reproduction of the Life Members' card that you produced in the July number, and it is more remarkable than the one I hold myself, which I probably was awarded in 1926 or so, signed R. Duchesne as Hon. Sec. and J. H. E. Winston as Financial Sec. Mine has neither the year of issue nor the cancellation that £5 the annual subscription need not be paid.

Actually in those days £5 was a lot of money, remuneration for a week's locum in General Practice, living in, was seven guineas, the guinea is another gracious thing of the past that we have lost since we went metric!

Yours sincerely,

GEORGE WESTON.

115 Parkanaur Avenue,
Thorpe Bay,
Essex.

Treatment for one of the "boys"!

Dear Sirs,

With reference to the caption on p. 231, July 12th, although I cannot identify one of the "boys" being of the wrong vintage, I am unable to resist offering "RX, men's standard elastic hose 2-way stretch thigh length". By coincidence I am of the John Thurston vintage, whose father's worthy tribute appears in the same edition.

Yours sincerely,

Dr. CHRISTOPHER HUGHES.

St. Nicholas,
Copse Mead,
Wordley, Berks.

Three generations at Guy's

Dear Sirs,

The following information might be of interest to the "older generation".

A further bit of news concerns my father Dr. W. C. D. Maile who will celebrate his 92nd birthday on the 28th of September. He together with myself and my son C. J. D. Maile adds up to three generations all qualified at Guy's and all alive at the same time. Is this a record? (*The challenge is on—Eds.*)

Yours faithfully,

W. B. D. MAILE,
Consultant Radiologist,

Prinsted Grange,
Prinsted, Emsworth,
Hants PO10 8HT

Miss Betty Hammond,
L. W. Morland & Co. Ltd.

Dear Sirs,

We were very pleased to see the compliments expressed about Miss Hammond by your readers.

This Company was also very shocked by her resignation after the many years she had served us and our travel clients so well, and despite her age every effort was made by us to persuade her to stay on. Regretfully this was to no avail.

However, your staff need not seek to book their travel etc., elsewhere because we have been very fortunate in getting some new staff, transferring others and we are well pleased with the service they are giving to clients. This has been impressed upon us by business and other clients, none of whom have transferred their business elsewhere.

Therefore, we would say, that we hope and trust that Guy's personnel will continue with us.

If names are needed please contact Mrs. Irene Pereira or Mrs. Ronnie Topliss-Goode, and if for any reason they are not available we are confident that any of the other staff will give excellent service.

Yours sincerely,

R. W. ADAMS,
Managing Director.

L. W. Morland & Co. Ltd.,
27 St. Thomas Street,
London Bridge,
SE1 9SD.

A Guy's Record?

Dear Sirs,

My son Dr. Charles R. A. Clark was appointed a consultant neurologist to Barts' in 1979 and very recently his wife, Dr. Ruth Seifert has been appointed, also to Barts', as a consultant psychiatrist (about 2 months ago).

My allegiance to the Rugby cup is beginning to waver!

Yours sincerely,

CYRIL A. CLARKE.

(Guy's 1929–36)
High Close,
Thorsway,
Caldy Wirral,
Merseyside, L48 2JJ

Mr. Fagge's Take-In

Dear Sirs,

Turning over some old and treasured papers recently I found the document of which I enclose a photostat thinking that it may be of interest as it refers to a time over half a century ago at Guy's.

You may know that in those days the Take-in Firm was on duty for all emergency surgical admissions day and night continuously for a week. The two surgical ward-clerks not only kept all the records and wrote up the notes and operation accounts, they also bought for and cooked the late 10 p.m. hot supper taken in the old Take-in Room above the front surgery—Casualty Dept. to you—by the whole Firm and any visitors invited by the Registrar or housemen. Mr. Fagge—nicknamed Chubby affectionately—and the Assistant Surgeon Mr. Davies-Colley (D.-C.) were called in as thought necessary by the Registrar or by themselves after a telephone report upon admissions. Our very delightful and skilful Registrar Spurrell was the same who eventually became Professor of Physiology to the Medical School.

Mr. Fagge's "Take-In" May 18th–25th 1927.

House Surgeon

Registrar Mr. W. S. Grove

Mr. W. R. Spurrell

Ex: House Surgeon. Mr. E. H. Roche

Assistant House Surgeon. Mr. F. M. Turner.

* Operation.

Died.

"Take-In" Dressers { W. P. Roe. / W. D. G. Jones.

"Take-In" Ward Clerks { F. H. Stevenson. / E. N. Stevens.

No:	Diagnosis.	Ward	Dresser	Clerk
1.	Acute Appendix *	Martha	W. P. Roe	E. N. Stevens.
2.	Fracture of Clavicle, Lacerated finger, Shock *	Cornelius	W. D. G. Jones	F. H. Stevenson.
3.	Concussion	Cornelius	W. P. Roe	E. N. Stevens.
4.	Acute appendix *	Martha	W. P. Roe	F. H. Stevenson
5.	Fr. Radius & Ulna *	Evelyn	W. D. G. Jones	F. H. Stevenson
6.	Stones (2) & pyelitis in walnut *	Lazarus	W. P. Roe	E. N. Stevens
7.	Appendicular abscess *	Lazarus	W. D. G. Jones.	F. H. Stevenson
8.	Pyloric abscess *	Lazarus	W. P. Roe	E. N. Stevens
9.	Hydronephrosis (left)	Martha	W. D. G. JONES	F. H. Stevenson
10.	Acute appendix *	Martha	W. D. G. JONES	E. N. Stevens
11.	Acute appendix *	Evelyn	W. P. Roe	E. N. Stevens.
12.	LACERATED FINGER *	CORNELIUS	W. P. ROE	F. H. Stevenson
13.	FRACTURED SKULL	"	W. D. G. JONES	F. H. Stevenson
14.	LACERATED FINGER *	"	W. D. G. JONES	E. N. Stevens
15.	TUBERCULAR ARTHRITIS of HIP *	"	W. P. ROE	E. N. Stevens.
16.	FRACTURED RADIUS & ULNA *	"	W. D. G. JONES	E. N. Stevens
17.	APPENDIX ABSCESS *	MARTHA.	W. P. ROE.	F. H. Stevenson
18.	BURNS. *	EVELYN	W. D. G. JONES	E. N. Stevens
19	Concussion & fractured humerus *	Cornelius	W. P. ROE	F. H. Stevenson
20	Fractured Neck of femur *	Cornelius	W. P. ROE.	E. N. Stevens
21.	External injuries	Cornelius	W. D. G. JONES	F. H. Stevenson
22	CARC. VENT. *	MARTHA	W. D. G. JONES	E. N. Stevens

No.	Diagnosis	Ward	Dresser	Clerk.
23	Fractured humerus *	Evelyn	W. P. Roe	E. N. Stevens
24	Tuberculous hip	CORNELIUS	W. D. G. Jones	F. H. Stevenson
25.	Acute appendix *	MARTHA	W. P. Roe	E. N. Stevens.
26.	Lacerated Leg. *	Evelyn.	W. P. Roe	F. H. Stevenson
27.	Subdural Haemorrhage *	Lazarus.	W. D. G. Jones	E. N. Stevens
28.	Acute Appendix	Evelyn	W. P. Roe	F. H. Stevenson
29	Acute Appendix	Lazarus	W. D. G. Jones	E. N. Stevens
30.	Acute Appendix *	Cornelius	W. P. Roe	F. H. Stevenson
31	Subd. Acute Appendix *	Cornelius	W. D. G. Jones	F. H. Stevenson
32	Carcinoma Colli Uteri *	Cornelius	W. P. Roe	F. H. Stevenson
33	Intussusception	Cornelius	W. D. G. Jones	E. N. Stevens
34	Abscess in bursa over right Patella T.B. (?) *	Lazarus	W. P. Roe	E. N. Stevens
35	Appendicular abscess *	Evelyn	W. D. G. Jones	F. H. Stevenson
36	Leaking gastric ulcer *	Cornelius	W. P. Roe	E. N. Stevens
37	Acute Appendicitis	Martha	W. D. G. Jones	E. N. Stevens
38	Acute appendicitis *	Evelyn	W. P. Roe	F. H. Stevenson
39.	PERFORATED ULCER *	LAZARUS	W. D. G. Jones.	F. H. Stevenson
40.	Haematemesis. Gastric ulcer	Martha	W. P. Roe	F. H. Stevenson

May I add that a further duty of the Surgical Ward Clerks was to act as porters taking patients to and from Theatre from the wards during the night; there were no porters on at night.

The purpose of the late supper between 10 and 11 p.m.—dinner had been eaten at 7 in the College—was to stoke up for the night's operating session afterwards. Beer, from a barrel if I remember rightly, went round the table in a very large three-handled tankard. I do hope it still exists!

As you may imagine keeping awake as much as might be necessary during the nights towards the end of a week's take-in became somewhat difficult. Of course the normal life of the firm, ward rounds and so forth went on concurrently.

Sir, these details may all be part of common knowledge still at Guy's; but if I have contributed anything of interest to those who at present are interested in minor facets of our history I am pleased.

Incidentally Chubby Fagge was a man of charm and integrity. I could tell a tale or two of some things that happened on one of his ward-rounds which I like to hope had a lasting effect, at least in some degree, upon my own medical behaviour and I would have thought must have impressed itself upon the whole firm.

I am yours most sincerely,

Dr. F. HARWOOD STEVENSON

Apple Tree Cottage,
Quarley,
Andover, Hants.

Sport

RUGBY

South Moulton Tour

Pre-season training started almost two months before the first match of the season. Many of the regular attenders will not be playing for a further month after that when the Second, Third and Fourth team fixtures get under way. This and the fact that there are often more than twenty-five people turning out for training twice a week, indicates the keeness and strength of the club; especially since many of the pre-clinical students have not returned from the summer break.

The pre-season training culminated in a trip down to South Moulton in Devon. We met at five o'clock on the Friday evening and eventually set off in three cars and a mini-bus to oil our way down to Devon. We had our first casualty just north of Earls' Court, where, at an emergency stop for those with small bladders, a friend of Paul, who had been abducted from the bar, managed to escape to the nearest tube station. The remainder eventually met up again at *"The Goose and Gander"* in South Moulton at about eleven-thirty and topped-up until they had forgotten they were playing rugby later on that day and then drank some more.

The game consisted of two twenty minute and one forty minute periods and was used, by both sides, as a practice-come-selection match. The game was won very convincingly by Guy's due to powerful forward play and good straight running by the backs.

We were to be entertained later that evening by a disco and lamb roast but before that we had to amuse ourselves. Games were played, songs were sung, nineteen twelve pint jugs were drunk and so were we. The lamb was served and eaten; most of it by Brian, who, it is rumoured, went in search of a chip shop when the bones had been cleaned. Next it was up to the disco where "Travolta Mike with a queer belt" showed us how to dance and Dai and Bodger showed us how not to.

Closing time was drawing near; so it was back to the hotel where bugles were blown, eels were everywhere, bars were dived, several were ill, and someone was thrown out of the landlord's living room where he was entertaining.

After Sunday breakfast it was down to 'The Anchor' for some local scrumpy which later met with the South of England as we journeyed back to Guy's for a quiet Sunday evening.

We wish to extend our thanks to Barbara and Arthur who not only put up with us but, for some strange reason, also seemed to enjoy our company. We hope the football club, who visit 'The Goose' in December will enjoy and behave themselves as we did.

Guy's 1st XV v. Cheltenham

At H.O.P. Lost: 6–14

On a fine afternoon a large crowd of supporters, bigger than any seen last season, even at a cup match, greeted the two teams. Cheltenham, who were sporting four county players in the pack and an ex-Scottish international winger in the form of Louis Dick, were confident of repeating last year's performance of a fifty-plus win. However, Guy's, under the new leadership of Mike Reece, had different plans and managed to hold Cheltenham to a 6–3 lead at half-time, whilst playing against the wind and sun.

The second half started badly with Guy's conceding a try by Dick within a few minutes which was not to be converted, leaving us 10–3 down. This score seemed to raise Guy's game, however, and the pack spoiled Cheltenham's good ball and took several against the head.

A big kick by Nige Poole from the base of the scrum, just outside his twenty-two, caused a knock-on by the Cheltenham full back. Cheltenham were forced to collapse the following scrum and the penalty was converted by Mike Hacket bringing the score back to 10–6. Both sides then missed a couple of kickable penalties and eventually, towards the end of the second half, Cheltenham scored a second try after a linesman's decision. The try was not converted giving a final sore of 6–14.

SOCCER

vs. Orpington Hospital

After changing in the potting shed 11 Guy's men took the field, 3 sober, cheered by patients from the stands (Ward 19). Sunday afternoon football at its best. Every player exhausted by half-time, 1–0 up from Dave Cheshire. Al Black (mod) substituted an injured Paul Henderson and scored 2 in the second half. Goal of the match from Robin Evans, an old and balding Guy's man practising medicine and goal-keeping (not too good at either). Final score 4–1. Many thanks to Orpington Hospital for being friendly.

vs. Guy's Staff Club

An opening goal by Keith Underwood, a sizzling run down the left delicately pushed into the bottom corner. The team in good spirits pressurised a weakened staff club team, 3–1 up at half time with further goals from Dave Smalley and Steve Robinson. Richard Lawson sobered up in the 2nd half and Allan Jones at left back showed he can play football as well as rugby. Alex Williams missed again from the edge of the box, while Steve Robinson showed it can be done if you have the skill. John Rawcliffe added to the score sheet and an own goal from a corner made the final score 6–1. Ken Harper defended and Jon Exelby helped.

vs. Catford Strollers

Colin Buchan and Roy Jackson decided Rugby is a nancy's game and played at short notice. Roy Jackson, the spearhead, scored from the spot but Rich Lawson had trouble catching and seeing straight. 2–1 down at half time. Colin Buchan retired for Dave Cheshire and Andy Luff took the reffing over from John Rawcliffe.

The 2nd half started with another goal against us. Were we doomed?—No—John Rawcliffe got the ball on his left foot 3-2. Rick Nicholas continued to run round like a madman and made goal-scoring easy for John Rawcliffe's 2nd and Dave Cheshire.

The defence was solid as ever, Harri Williams determined not to let his winger past him and Steven Daykin harrassed his winger by standing in front of him.

Mike Breeze claimed a goal and Andy Luff has just about enough breath to blow his whistle for full time 5–3.

Man of the match Bob Bond, whom I forgot to mention.

K. U.

"Detested sport that owes its pleasures to another's pain."

Sports Day at HOP was notable for a number of events several of which are still *sub judice* but one that stands out was the Ladies vs The Rugby Club match. I have been prevailed upon by certain of the ladies to record in deathless prose a brief account of that event. They overcame my initial reticence with a combination of charm and gentle persuasion and a timely reminder that they held the negatives, something that had temporarily slipped my mind.

Suffice to say the ladies took the pitch, lead by Cath Duffy, after a number of Sunday coaching sessions at the hands of several long serving members of the club, with high hopes. Supplemented though not necessarily complemented by the author and 'Powerful Pierre' Popplewell, fresh from his

Superior Ball-Handling in the ruck

"The Girls"

triumphs of a solo effort to increase the profits of several well known brewers 100 per cent in the space of one week, the game started. From the off the ladies threw themselves into the action with great vim and vigour causing several weak-hearted members of the men's team to quail. First blood to the ladies: a try converted by their captain brought appreciative cheers and salacious comments from the packed touchlines. 3 more tries were scored by the ladies who exhibited great talent for the open running game. 2 hotly disputed tries for the men hacked out with unsavoury scenes of brutality—someone hadn't fed Brian Keevil for an hour or two—redressed the balance somewhat.

Mention must be made of the efforts of Paul Keen the final arbiter—although his habit of allowing mauls to last 5 minutes lead to one or two painful moments and endangered the odd relationship.

The secret weapon Gareth Parry's SAS unit lurking on the bylines proved invaluable in so much as every time one of the men became isolated he was liable to be descended upon by a gang of wandering marauders and relieved of his shorts—in Brian Keevil's case not a pretty sight and in Richard Nicholas' a decidly unwholesome one. All in all a highly diverting hour giving lie to the myth of the gentle sex as the razor scars on my back attested.

"For the female of the species is more deadlier than the male."

The Walworth Scribe, late of New Cross.

GOLF

Consultants Match 1980 at Huntercombe G.C.

With a history of several years of dismal failure in the Consultants Match, the committee decided that a concentrated effort was required in this year's match. Thus, the captain, secretary and Nick Page arrived at Huntercombe at lunchtime on the day before for that somewhat infamous pursuit usually viewed from afar by most Guy's men, "a practice session". The weather was sunny but windy and the course was very dry, but we felt that we had an advantage for the following day.

We were royally entertained in Henley by Dr. and Mrs. Salmon despite the fact that they had also been invaded by the London University rowing VIII and cox in training for the Henley regatta.

Unfortunately, due to sheer carelessness by the London weather centre, it rained all night and the following day we were faced with a golf course of very different character to that of the previous day.

The team to their captain's surprise and amazement arrived on time and the pairings were quickly organised. With the students giving shots left, right and centre and playing foursomes at which the Consultants excel, the match was always an uphill battle.

Page, however, playing a single against Mr. Coltart, scorched round in a one over par 72 and the usually unbeatable partnership of Mr. Brain and Dr. Maclean lost out to a sparkling 3 over par foursomes score by Dixon and Craigen so a day of surprises seemed on the cards. The next three matches also went to the students, all on the last hole any of which could easily have gone the other way. The students thus went into lunch in the unfamiliar position of leading 5–1.

Despite the consultants' attempts to make lunch more liquid than solid the students managed to make their way to the first tee for the afternoon's fray in a semblance of good order. In true Guy's tradition the team seemed to play even better in the afternoon and won the greensome matches by a similar margin to the morning. The two most impressive wins were those of Poole and Dixon, and Fish and Tunnadine. The former pair beat Dr. Seward, playing his home course, and Dr. Maclean by an embarrassingly large margin and the latter pair finally shattered a previously unbeaten pairing of the Dean and Dr. Hewitt by hitting their second to the 440 yard 14th to 2ft to go 4 up.

When the shock had worn off we realised that the margin of victory was 10–2, the biggest margin since 1977 when the students only scored half a point, quite a turnabout in 3 years.

Many thanks to the Consultants for providing a super day of golf. I think the result may be very different next year as mutterings of "Walker Cup players" were overheard as the Consultants retired to their cars.

Results (students side first)

Foursomes a.m. (Result 5–1)

N. Page beat Mr. T. Coltart 6 and 5.

M. Craigen and J. Dixon beat Dr. K. Maclean and Mr. R. Brain 4 and 2.

N. Poole and C. Tunnadine beat Dr. C. Chantler and Dr. J. Houston 1 hole.

R. Heard and D. Fish beat Dr. G. Scott and Prof. A. Rowe 1 hole.

G. Palmer and C. Lawson-Baker beat Dr. P. Hewitt and Dr. L. Youlton 1 hole.

Greensomes p.m. (Result 5–1)

A. Malizia and S. Davies lost to Prof. J. Trounce and Dr. Seward 7 and 6.

M. Craigen and N. Page beat Mr. T. Coltart and Mr. R. Brain 4 and 2.

N. Poole and J. Dixon beat Dr. Seward and Dr. K. Maclean 6 and 5.

D. Fish and C. Tunnadine beat Dr. J. Houston and Dr P. Hewitt 4 and 3.

R. Heard and G. Palmer beat Dr. G. Scott and Prof. J. Trounce 2 holes.

C. Lawson-Baker and A. Malizia lost to Dr. C. Chantler and Prof. A. Rowe 4 and 3.

S. Davies beat Dr. L. Youlton.

Overall results Students won 10–2.

SAILING

The 1979/80 season has been a very active and successful one for the Club. The racing results have shown a consistent improvement with the 1st team reaching the finals or semi-finals of each event. The team lost to St. Thomas's Hospital by the narrowest margin of $\frac{1}{4}$ of a point in the Guinness sponsored Hospitals' cup.

An enormous amount of maintainence has resulted in the complete overhaul, including redecking of the Clubs three Fireflies at the Welsh Harp, special thanks to Nick Pyke.

Activity by our members in the United Hospital Sailing Club at Burnham on Crouch has increased so now all our allocated weekends are fully subscribed to. GHSC has just bought two Laser dinghies for use by Guy's students at Burnham. The enterprise dinghies and the Squib keel boats there will still be used for racing.

The Sailing Club welcomes the Freshers. Any Guy's students who hâve not yet been sailing to can meet us at the Freshers' Fair or at the Welsh Harp or Burnham.

The 1980 AGM and Dinner is to be held on Tuesday, 14th October at 5.00 p.m. in the Robens Suite, Guy's Tower. Anyone with any sailing interests is welcome.

Hospital Information

Dr. G. Thurston

A service of thanksgiving for the life of Dr. Gavin Thurston was held yesterday in Guy's Hospital chapel. The Rev. Robert Kempster officiated. Dr. John Thurston (son) read the lesson and Professor Keith Simpson gave an address. Among those present were:

Mrs. Thurston (widow), Mr. and Mrs. Holden (son-in-law and daughter), Mrs. J. Thurston (daughter-in-law), Mr. Vernon Thurston (brother), Mrs. A. Thurston (sister-in-law), Mr. and Mrs. Wright.

The Hon. Mrs. Noreen Bull, Sir James Swaffield (GLC), Professor M. H. Lessof (Royal College of Physiicans), Professor Keith Mant (Society of Apothecaries of London), Dr. J. Burton (Coroners' Society) and Mrs. Burton with Dr. and Mrs. D. R. Chambers, Dr. David Paul, Dr. Paul Knapman, Dr. E. M. Huntbach, Dr. S. R. Barter, Dr. H. Price and Dr. and Mrs. C. Clarke; Mr. A. G. C. Rothera, Mr. James Barnes (secretary, Medico-Legal Society) with Dr. Hugh Johnson and Dr. Julius Grant; Mr. P. W. H. Revington (Manchester Medico-Legal Society), Dr. J. B. Harman (president, Medical Defence Union) and Mrs. Harman with Dr. J. W. Brooke Barnett (secretary); Dr. J. Leahy Taylor (secretary, Medical Protection Society), Mr. J. A. A. Watt (Hempson) with Mr. A. R. L. Mirams; Professor J. M. Cameron (London Hospital Medical College) with Dr. I. Caider and Dr. H. M. Saxon; Dr. J. C. Houston (Dean of the Medical and Dental Schools, Guy's Hospital) with Professor A. H. R. Rowe; Professor David A. Ll. Bowen (Charing Cross Hospital), Dr. Victor Goldman (Savage Club) with Mr. Ian Leslie; Dr. Michael Harding (Chelsea Clinical Society), Professor D. H. Mackenzie (Westminster Hospital) with Dr. J. R. Gomel; Mr. J. Beskett (Dramrite Printers) with Mr. D. Millington; Mrs. J. H. O. Earle (Queen Mary's Hospital), Dr. Iain West (St. Thomas' Hospital), Dr. Mary Sibellas (Department of Health and Social Security), Mr. Evan Stone, QC, and Mrs. Stone, Mr. P. V. Baker, QC, and Mr. K. Garside.

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DEATHS

CRISP — Dr. Eric John. Died aged 85 years, on 25th July, 1980. He was Consultant Emeritus in Physical Medicine to Guy's Hospital. He was Head of Physical Medicine Department and retired in 1965.

PERSONAL

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Contents

PASSIM 361
NEWS IN BRIEF 362
CLUBS' UNION NEWS 369
OBITUARIES 370
Mr. S. W. Wright
Dr. Agnes Shore
Miss Agnes West
APPRECIATION 372
Professor R. D. Emslie
Dr. E. W. Baxter
SHERLOCK HOLMES & DOCTOR WATSON (PART V) 376
by Maurice Campbell
THE STUDENT MEDICAL EDUCATION COMMITTEE 378
by Chas Newstead
GUY'S HOSPITAL BIENNIAL DINNER 1980 379
by Our Special Correspondents
A DAY IN THE DEATH OF JOE EGG 381
Reviewed by Mark Powlson
QUODLIBET SOCIETY 382
by John Pini
ART 385
by Mark Powlson
NURSING 386
PHYSIOTHERAPY 387
BOOK REVIEWS 388
CORRESPONDENCE 390
SPORT 393
HOSPITAL INFORMATION 398

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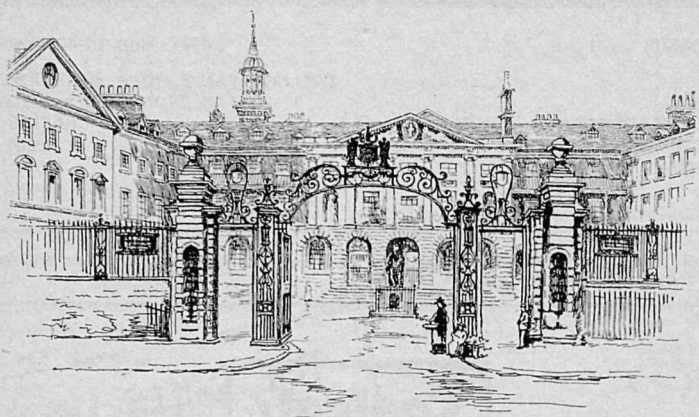
Guy's Notelets



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Passim

The final committee stages for the consideration of the Flowers Report have finished: the matter now awaits the consideration of the Senate of the University of London upon October the 29th, and a final decision by the Court of the University upon November the 5th. That part of the report which is of especial import for Guy's concerns the recommended cessation of the pre-clinical education at King's College in the Strand. This has—perhaps understandably—met with a certain lack of approval in that part of the world, and their counter-proposal would have involved the end of pre-clinical teaching at Guy's.

Despite the activity (and, at times, venom) with which they have conducted their campaign, the King's "gang of four" have now seen defeat in both the Joint Medical Advisory Committee and the Joint Policy Committee.

The only recourse available to them now is an attempt to force an amendment at the Senate, and since the Flowers Report itself, and the two other relevant University committees have found in favour of Guy's, it is likely that the Senate will follow. Nevertheless, it would be foolish to be complacent at this stage, and it seems an appropriate time to consider some of the arguments that will be put forward.

It is undeniable that the relevant departments at King's are good: they have performed some very good research, and have had some fine teachers. They have science students as well as pre-clinical medical and dental students, and they can argue, with some justification, that this has strengthened them in the field of pure scientific research. What they tend to obfuscate, however, is the fact that these departments (with one possible exception) will continue to exist without preclinical students, because they will continue to teach the science undergraduates—and thus these departments will not be lost. At Guy's, of course, loss of pre-clinical students would mean the death of pre-clinical departments—and would cause some considerable disruption to clinical departments, who laise closely in many fields of research.

It is often argued that it is good for pre-clinical students to be taught within a multi-faculty college—in that it should lead to closer communication with students of other disciplines. In theory this would seem to be higly commendable: if properly utilised the opportunity could broaden one's outlook and increase one's acquaintances in disciplines other than medicine. In practice, alas, this is rarely the case. Such intercourse is no more common in multi-faculty institutions than in purely "medical" schools. This is partly because, in one's first year, one is often accommodated in a University Hall of Residence and tends to make one's friends there; secondly because the timetables of pre-clinical students are much more extensive than those of other disciplines, tending to keep them apart from the others. Thirdly, there still seems to be a "herd" instinct which keeps pre-clinical students together. At the two multi-faculty institutions with pre-clinical students in the University, one finds that the medical students tend to keep apart and

do not take any advantage (if such exists) of their situation—a fact which is often remarked upon unfavourably by students of the other faculties. It would seem that attitude, and not geography, is the deciding factor in becoming acquainted with students from other disciplines.

On the other hand, geography does play a vital role in pre-clinical/clinical integration. As the General Medical Council recommends, integration between the pre-clinical and clinical courses is to be encouraged, and it is more difficult to achieve early clinical exposure for pre-clinical students if the sites where teaching is carried out are too far apart. This view was strongly endorsed by the University, and it would be eccentric for it to change its mind now, especially since it has reinforced this statement by approving the building of a pre-clinical school at the Royal Free Hospital so that it can have its own integrated course.

The Flowers Committee was set up to investigate ways of saving money for the University. In the proposals, Guy's could take the extra students necessary with no extra building, minimal alterations, and an estimated 7½ extra staff. (The identity of the ½ at present on the staff is not specified, but suggestions are welcome!) This compares favourably with other schemes in economic terms.

Finally, since Guy's has been favoured, after suitable deliberation, by Flowers, and by the J.M.A.C. and the J.P.C., it would seem irrational for the Senate or the Court to ignore the recommendations of these bodies, and would cast severe doubt upon the way in which the University is run.

News in Brief

Conferment of title of Emeritus Professor 1980

Our compliments to Professor R. D. Emslie, Professor R. Warwick and Professor P. L. Williams on their Emeritus Professorships.

The Sir Cosmo and Lady Mabel Bonsor Scholarship

This Scholarship, which is open to all Nurses' League members, is awarded in January of each year.

If you would like financial help towards a post-registration project write to the Honorary Secretary of the League, explaining the nature of your project.

Applications must reach the Nurses' League Office, c/o Nursing Administration Office, Guy's Hospital SE1 9RT, not later than 15th December, 1980.

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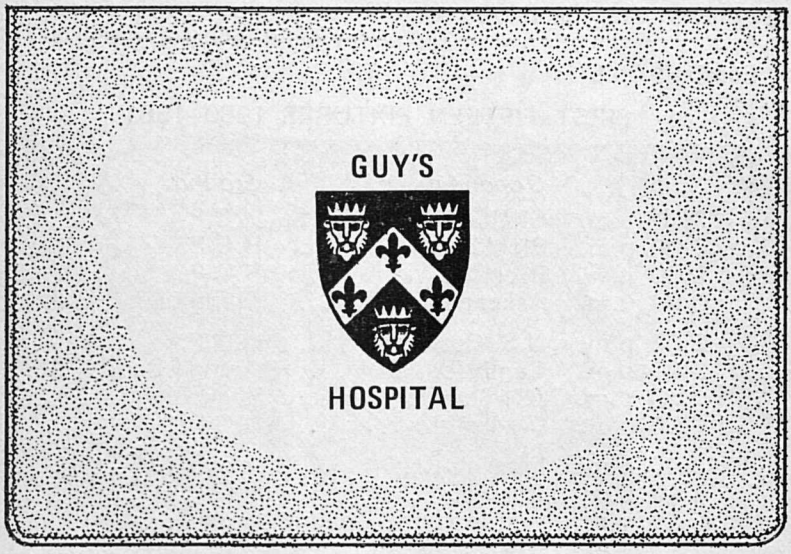

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Worshipful Company of Feltmakers

We congratulate Dr. P. J. Wardill who has been elected Master of the Worshipful Company of Feltmakers for the year 1980–81.

Medical Defence Union Essay Competition

The entries for the 1980 Medical Defence Union Essay Competition have now been judged and it is our great pleasure to congratulate Mr. S. P. R. Adams, Mr. R. M. Nicholas and Miss Susan Berry for winning respectively the first prize in the medical essay, first prize in the dental essay and second prize in the dental essay. Individually a very worthy win and quite a coup for Guy's.

Rugby Football Club

FIRST FIFTEEN FIXTURES 1980–1981

Date	*Time*	*Opponents*	*Ground*	*Result*
1980				
Sep. 6	3.00 p.m.	Cheltenham ...	H.O.P.	.....
13	3.00 p.m.	Blackheath ...	H.O.P.	.....
20	3.00 p.m.	Bromley	H.O.P.	.....
27	3.00 p.m.	Askeans	Kidbrooke	.....
Oct. 4	3.00 p.m.	U.S. Portsmouth ...	H.O.P.	.....
11	3.00 p.m.	Cambridge Univ. ...	Grange Road	.....
18	3.00 p.m.	Old Dunstonians ...	Beckenham	.....
25	3.00 p.m.	Cinderford ...	H.O.P.	.....
Nov. 1	2.45 p.m.	Ipswich	Ipswich	.....
8	2.45 p.m.	Osterley	H.O.P.	.....
15	2.45 p.m.	O. Merchant Taylors	Croxley Green	.....
22	2.45 p.m.	Mountain Ash ...	Mountain Ash	.....
29	2.45 p.m.	Loughborough ...	Loughborough	.....
Dec. 6	2.30 p.m.	Havant	H.O.P. ...	.....
13	2.30 p.m.	Old Millhillians ...	Headstone	.....
20	2.30 p.m.	Esher	Hersham	.....
1981				
Jan. 3	2.30 p.m.	Purley	Purley	.....
10	2.30 p.m.	Sidcup	H.O.P.	.....
17	2.30 p.m.	Streath'm & Cr'yd'n	Thornton H'th	.....
24	2.30 p.m.	Devonport Services	H.O.P.	.....
31	2.30 p.m.	Maidstone ...	Maidstone	.....
Feb. 7	2.45 p.m.	Coventry Ex. 1sts .	Coventry	.....
24	2.45 p.m.	Gui'f'd & Godalm'g	H.O.P.	.....
28	2.45 p.m.	Taunton	Taunton	.....
Mar. 7	3.00 p.m.	Old Alleynians ...	Dulwich	.....
14	3.00 p.m.	Nuneaton ...	H.O.P.	.....
25	10.30 a.m.	Westcombe Park ...	H.O.P.	.....
28	3.00 p.m.	Cambridge City ...	H.O.P.	.....
Apr. 11	3.00 p.m.	*Old Whitgiftians* .	*South Croydon*	.....

Hunt's House—Ward Changes

Charles Symonds Ward will open on Monday, 20th October, 1980, and Bright Ward will close on Tuesday, 21st October, 1980.

Car Parking

The consultants' car park in the Front Quadrangle of the Hospital is now closed (see the *Gazette,* August 30th, 1980). The District Administrator has kindly supplied the *Gazette* with the photograph reproduced below of the new car immobilising device mentioned in the last issue. We trust the consultants will be able to make alternative arrangements without too much personal inconvenience!

Mr. P. W. Roberts' Bequest

A great many Guy's men will remember Mr. Percy Roberts, formerly the Senior Laboratory Technician in the Gordon Museum, and will be sorry to learn of his death in retirement on 20th November, 1979. He served the School in the Gordon Museum from about the time the Gordon Museum building was opened in 1905 until the end of 1956—fifty-one years.

Under Mr. Roberts' Will, the School is the residuary legatee and has received from his Estate a little over £8,000. This is now being spent, augmented from School funds, on the renovation of the Museum ceiling

and the repainting of the ceiling and balustrades to a high standard and on carpeting the two bays which are not already carpeted. The Museum staff are contributing to this upgrading of the Museum by picking out the Guy's shields in the metal balustrades in Guy's colours. Until now these 168 shields have been painted in with the rest of the metal work of the balustrades and have been scarcely noticeable.

The School has named the lecture room in the Gordon Museum the Percy Roberts Lecture Room.

Greenhalgh Room

Dr. John Greenhalgh, who qualified M.B. at Guy's in 1934, died in retirement at Prittlewell, Southend-on-Sea, on 21st February. He entered the School in 1928. Under his Will the School is due to receive about £30,000, and the School has decided to spend this bequest extending the Pavilion lounge at Honor Oak Park where the verandah used to be. The verandah had to be dismantled several years ago as the structure was worn out. The new extension will be known as the Greenhalgh Room.

Planning consent for the extension is currently being sought and it is hoped to be able to proceed with the building work in the near future.

Dental Society—forthcoming meetings

Friday, December 5th, 1980

GATEWAY TO PRACTICE
(Details to be announced)
There will be speakers on subjects of interest to those about to qualify. It is hoped that students who will sit Part V of finals in November 1980 and June 1981 will attend.

Tuesday, December 9th, 1980

EXPEDITION MEDICINE—IATROGENIC DISASTERS
Professor P. N. Dilly, G.M., Ph.D., M.B.B.S., B.Sc.

Mr. Tim Houlding

This month we welcome Tim Houlding to the *Gazette* staff. Tim, who gained first class honours in a B.Sc. degree in Medical Physics, has just begun the Clinical course and has joined us as a News Editor. It must be said that he more resembles a "Laurel" than a "Hardy", which befits someone who has spent most of a year building a Bentley. We look forward to a long and happy association.

Christmas Stall

The customary Christmas Stall will be run by The Friends of Guy's Hospital in the Colonnade on the 1st December.

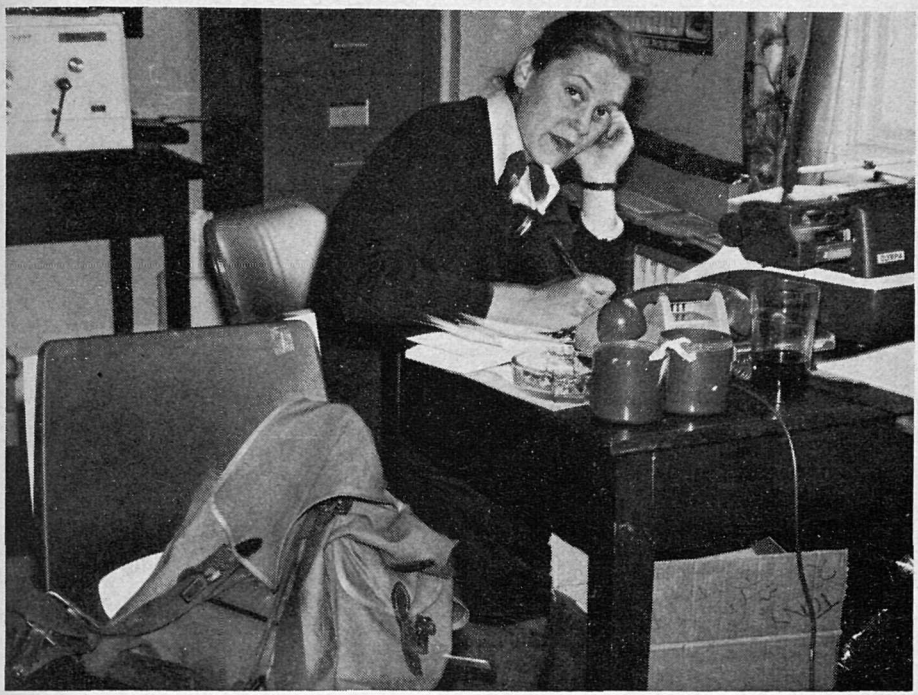
It will be open from 11 a.m. until 3 p.m. Monday to Friday for one week or as long as stocks last.

The Friends hope to have as wide a variety of goods for sale as possible including certain foodstuffs.

Gifts for sale and offers of help will be most welcome.

Please contact: Mrs. M. L. Campbell, Chairman, Services Branch, Friends of Guy's. Ext. 2022.

Gazette Caption Competition



Our President, Miss D. M. Brooke, looking harassed!

Clayton Memorial Lecture

Dr. Noshir Hormasji Antia, FRCS, Trustee and Research Director of the Foundation for Medical Research, Bombay, will deliver the Clayton Memorial Lecture to members of the British Society for Surgery of the Hand in London on 14th November on 'Clinical and Experimental Studies in the Causation of Nerve Paralysis in Leprosy'. This annual lecture, instituted by LEPRA in 1974, perpetuates the memory of the Reverend P. B. 'Tubby' Clayton, CH, MC, DD, Founder Member of Toc H, in recognition of his lifelong support for those engaged in the fight against leprosy.

Science Club

November 12th—Dr. Mary J. Seller.

"Prevention of neural tube defects in mice and men."

December 10th—Professor G. Burnstock.

"Transmitters and trophic factors in the autonomic nervous system" (accompanied by a twenty minute time-lapse film of cells in culture).

Both meetings commence at 4 p.m. in the Physics Theatre; tea will be provided in the Medical School Common Room at 3.30 p.m.

This Month's Cover

Our thanks to C. Birtwhistle for the view of Guy's Tower.

Erratum

Our apologies to W. B. D. Maile for confusing him in the September issue of the *Gazette* with his father W. C. D.—following the former's election to the Master of the Worshipful Company of Wax Chandlers.

Dates from the Medical Diary

November

Fri. 14—Examinations for the M.B., B.S. (Revised Regulations) begin this week.

Mon. 17—Entries close for Final Conjoint Examination in December.

Mon. 24—Examinations for M.B., B.Chir. (Cambridge) may begin.

December

Mon. 8—Basic Medical Sciences Examinations (1st term) begin.

Fri. 12—WINTER TERM ENDS.

Dates from the Dental Diary

October

Mon. 27—First L.D.S. Examination begins.

Fri. 31—Applications for the Final L.D.S. Examination, Parts I and III (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

November

Mon. 3—Prize Examination in General Subjects begins.

Mon. 17—Third B.D.S. Examination, Parts I, II, III, IV and V begins.

Mon. 24—N.B. Second B.D.S. Examination may begin this week.

December

Wed. 10—Applications close for the Final L.D.S. Examination, Parts I and III.

Fri. 12—WINTER TERM ENDS.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 2 months are 1st December, 1980 and 19th January, 1981.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Clubs' Union News

Freshers' Week was a splendid success. The most notable events were the Barn Dance on Monday night and the Freshers' Ball, both of which attracted large, appreciative audiences. Barn Dances are always popular because everyone can participate, providing more opportunity for meeting people than the numbing atmosphere of a disco full of strangers. The Week started well and rampant enthusiasm continued until Saturday night when a jazz band played to a packed audience in the Ballroom.

I report, rather guiltily, that the total profit for the Freshers' Week entertainments is about £200; perhaps this money could be earmarked to further improve next year's introductory week. We had aimed to break even, but the Freshers, to our delight, were more keen than expected. This is great and bodes well for the future!

Thanks to Tony Vaughan and Chris Birtwhistle for their hard work and hours spent collecting ticket money. There are a series of Friday night Hops being arranged, so hopefully they will be as well supported. Any club wishing to hold a Hop should contact Geoff Ramin.

During the weekend 26th–28th September, Tony Vaughan, Anne Stebbing and myself attended the Medical Student Societies' Information Service Conference in Liverpool. This is a service provided by the Medical Defence Union which encourages medical students at schools throughout the U.K. to meet and exchange information of a social nature. They hold two heavily subsidised conferences per year and these are always worthwhile occasions, allowing expertise to be shared. As usual, the main topics discussed were social events and their organisation, for example balls, Charity Weeks and revues; all the delegates had a most valuable weekend.

These occasions provide excellent opportunities for meeting other students and the exchange of views is always beneficial; furthermore, we are prevented from becoming isolated and insular.

The Catering Committee Working Party (consisting of Miss Redsull, Mr. Bompas and four student representatives) had one of its regular meetings recently to open the Suggestions Box in the Spit. I have refrained from discussing its contents in these hallowed pages, but an explanation is required for the recent price increase . . . brown rolls cost more than white rolls, but they are sold at the same price. In the face of repeated cries during the last six months for more brown rolls, it was decided to accede and to increase the price of all the bread rolls by 1p to compensate for the larger proportion of more expensive brown rolls that will be sold.

The Working Party is currently investigating the possibility of installing a "Jaffa-Lux" fruit juice machine in the Lower Spit.

The Snowflake Ball will be held on Friday, 28th November, in Boland House. The theme is "Science Fiction" and 200 double tickets

(at £15) will be on sale in the foyer shortly. This is 25 fewer than usual, so they should sell rapidly; the way to ensure free admission is to help, either beforehand or on the night. Roger Matthews is making earnest pleas for decorators, waiters, waitresses and chefs, so if your talents lie in any of these directions, please let him know, care of Boland House.

Deb Brooke.

Obituary

Mr. S. W. WRIGHT

Mr. S. W. Wright, formerly Consultant Obstetrician and Gynaecologist in Medway Health District, died on 28th July, after a short period of illness at the age of 71 years.

Born in 1909 and educated at Sir Joseph Williamson's Mathematical School, Rochester, he entered Guy's as a medical student in 1927, having obtained the Entrance Scholarship in Arts. He won the "Hilton Prize" for dissection in 1929. As a young man he was a keen fencer and was awarded a blue for Guy's Hospital and a purple for London University. He also won a blue for hockey.

He graduated from Guy's in 1932 and after several House posts in various specialities, he became Deputy Medical Superintendent at Stoke-on-Trent in 1937. The same year he qualified M.R.C.O.G. He was appointed Deputy Medical Superintendent at All Saints' Hospital, Chatham, Kent, in 1943 and became consultant at the beginning of the N.H.S. to the Medway, Gravesend and Mid-Kent Areas in 1948. He retired at the beginning of 1974.

He was a skilled surgeon with unusual appetite and stamina for work. He had a high sense of discipline and a remarkable personality which commanded respect from his colleagues and patients. This he combined with compassion and generosity and was affectionately called "Pop Wright". He often confounded his juniors by his acute power of observation, excellent memory and uncanny accuracy of clinical diagnosis.

Over the years he contributed to the progress of obstetrics and gynaecology and published "Three Cases of Locked Twins"; was joint author with Mr. K. Fotherby and others evaluating "effects of dl. Norfestril on the Cervical mucus, Fallopian Tubes and the Corpus Luteum". He also designed an obstetric bed. He was elected as a Fellow of the Royal College of Obstetricians and Gynaecologists in 1964.

He had a considerable interest in medical politics and became the chairman of the local division of the B.M.A., the Group Medical Committee and the Senior Staff Committee. A year before his retirement he became the Chairman of the Medway Branch of the Cancer Research Campaign and gave immense support towards raising money for Cancer Research with the help and encouragement of his wife. He was a

prominent Mason and a keen fisherman, and in 1972 hit the local news having bagged a big pike weighing 28 lbs.

He was greatly admired for his various qualities and will be sadly missed by his friends and relatives. He is survived by his wife Helen, a son and daughter.

S. P.

Dr. AGNES SHORE

By the sudden death on September 20th of Dr. Agnes Shore, Guy's has lost one of its most loyal supporters. Dr. Shore came to Guy's in 1945 with the staff and students of the Preclinical School of the Royal Free Hospital in Hunter Street, which was badly damaged by a V2 rocket. She joined the Physiology Department and liked it so much that she asked its Head, the late Professor (then Doctor) Spurrell if she could become one of his staff. In 1949 when the separate Biochemistry and Chemistry Department took the place of the previous Chemistry Department, Dr. Shore became one of its members. She was in charge of the practical biochemistry classes: the mind reels at what today's students, always critical of the mild and genial regimes now prevailing on these occasions, would have thought of her iron discipline and attention to scientific method and precision. They probably would not have dared to say much, however, for A. S. had a sharp tongue and in those days some students thought it risky to upset their teachers. Perhaps A. S. was sometimes too abrupt, but she took reproaches from the departmental Head in good part and her standards of punctuality, cleanliness and accuracy were a tonic we needed.

Agnes Shore was one of those almost fearless English intellectual women of whom we are quietly so proud. It was a joy to watch the collapse of some empurpled demi-god in committee when A. S. would snort "Rubbish!" or "Absolute rot!" at one of his more pompous pontifications. In private life, she was prominent in charitable work and was an expert on goats. Scientifically, she was well-known for an early book on proteins, with Dorothy Jordan Lloyd. At Guy's she had a Tiselius electrophoresis apparatus with which she did much early work for clinicians on plasma proteins, particularly in multiple myeloma. Practically she was a perfectionist, often complaining about those who "rushed into print" without proper attention to detail.

She was reluctant to retire and always held Guy's in great affection, fiercely attacking those who denigrated it. We shall miss her indomitable presence.

G. A. D. H.

A meeting of thanksgiving for the life and work of Dr. Agnes Shore, B.Sc., Ph.D., A.R.I.C., will be held on Tuesday, 11th November, 1980 at 5.30 p.m. at the Thomas Coram Foundation for Children, 40 Brunswick Square, London, W.C.1. Professor Geoffrey Haslewood and Professor Ian McColl will pay tribute to Agnes Shore's work for Guy's.

Miss AGNES WEST

It is with deep regret that the death is announced at Guy's on 20th August, 1980, of Miss Agnes West, at the age of 88. Miss West began her training at Guy's in 1915. She became Ward Sister of Stephen Ward

on completion of her training and then held the position of Assistant Matron at Guy's until leaving to become Sister-in-Charge at Shrublands Nursing Home, Croydon in 1931. She retired in 1960 but in 1963 Miss West continued her work for Guy's as the organiser and active member of the London Sewing Group for the Guy's Hospital Ladies' Association (now affiliated with The Friends of Guy's), which produced beautifully made, hand-embroidered gowns for the babies at Guy's. This work continued until the end of last year when Miss West became ill.

Her devotion to Guy's and her work for the Friends will long be remembered and she will be greatly missed. There was a short memorial service in the Chapel at Guy's on Wednesday, 17th September.

M. L. C.

Appreciation

Professor R. D. EMSLIE

F.D.S., R.C.S., M.Sc. Illinois, D.R.D., R.C.S., Endin.

Professor R. D. Emslie retired at the end of this academic year after thirty-four years on the staff of the Dental School. For the past twelve and a half years he has been Dean of Dental Studies and for the previous three years was the first Sub-Dean of Dental Studies.

Ron, as he is affectionately known, started on an actuarial career prior to commencing his dental course at Guy's in 1937. Jimmy Goodliffe was largely responsible for encouraging him to take up dentistry. He qualified in 1942 and joined the R.N.V.R. After serving in the Middle East, he returned to Guy's as a part-time teacher in 1946, joining the newly-formed Department of Preventive Dentistry and he also worked in Mr. Dowsett's practice.

In 1948 Ron went to Chicago and studied for a Master's degree at the University of Illinois under Dr. Massler and Dr. Brodie. This was the beginning of a brilliant research and teaching career. On this course he rubbed shoulders with many future Deans of schools in the United States with whom he has maintained friendly contact. It was not all work and no play, however, because he met a charming Occupational Therapy student, (Dot) Dennis, during his stay there.

He returned to Guy's in 1949 and soon took up full-time teaching becoming Head of the Department of Preventive Dentistry. In 1951 he went back to the States to marry Dot. They have raised a family of four very fine sons.

The Department of Preventive Dentistry, which later became the Department of Periodontology and Preventive Dentistry, has gained an international reputation under his direction. Ron has been a prolific writer and been involved in many organisations. He was Scientific Editor of the British Dental Journal and is now one of their Honorary Scientific Advisers. He has just retired as President of the Fluoridation Society, for whom he worked untiringly, and he has done much to improve the

nation's dental health. He was made a Fellow of the British Dental Association in 1978 and has been very active with the Fédération Dentaire Internationale and the World Health Organisation, particularly dealing with the problem of dental disease in Third World countries.

During his term of office as Dean of Dental Studies, the Dental Hospital and School moved out of its ancient accommodation and into the new quarters in the Tower. Throughout the many difficulties created by the move, Ron remained unruffled and the Dental Hospital and School are now quite settled in the new and excellent facilities.

His kindness and his gentle manner have endeared him to all of us—there are many colleagues and students, past and present, who have cause to thank him for his help with their careers. It is pleasing to see that he is still very young in heart, indeed he never lost the ability to understand the needs of youth. Although retiring from Guy's, he will still be very active in the international sphere and we hear he will be travelling widely.

Past and present members of his department gave a party for him in the Robens Suite on the 30th September, when Tony Naylor and David Coppock produced a "This is Your Life" which completely took Ron by surprise. Another party and presentation was held in the Robens Suite on the 15th October when more than one hundred and fifty friends and colleagues met to wish him farewell. Ron leaves behind many friends, all of whom wish him and Dot a long and happy retirement.

W. J. T.

Dr. E. W. BAXTER

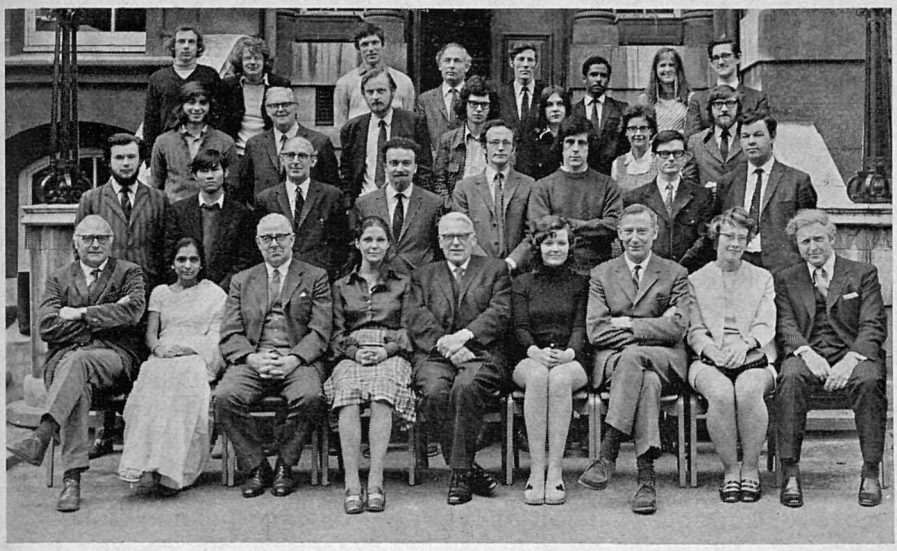
Dr. Eric Baxter ("Bax" to many of us) retired as Head of the Biology Department on September 30th after 44 years of service to the Medical School.

Bax took an Honours Degree in Zoology with Physiology as his subsidiary subject at Queen Mary College in 1934 and demonstrated in Zoology at Q.M.C. and in Physiology at the London Hospital Medical School. He joined the staff of the Biology Department at Guy's in October 1936, under the late T. J. Evans, becoming lecturer in 1946, Senior Lecturer in 1949 and gaining his Ph.D. in 1954: in 1973 he became Head of Department on the retirement of Professor G. E. H. Foxon.

Baxter is a member of numerous scientific societies, was elected a Member of Council of the Linnean Society of London in 1962, a position he held for three years; and became Zoological Secretary of the Linnean in 1969. He found time to act as Chief Examiner in Biology for the London 'A' levels from 1960 to 1967.

As a young man his research interests were varied, but for many years now he has concentrated on the biology of lampreys and is still engaged on the distribution of flora and fauna of British rivers in relation to river gradient. He expects to publish a standard work of reference in about two years time. In earlier years Bax's teaching was mainly concerned with the 1st MB course and the preliminary year for the LDS course which at one time ran concurrently. Latterly he has acted as co-ordinator for the teaching of Human Embryology and Development BMS Course and been involved in the intercalated B.Sc. in Parasitology and the supervision of postgraduate students.

Such are the facts, but what of the man? Bax has essentially a quiet disposition but was known at Queen Mary College for his almost bubbling good humour. His lectures, never flamboyant, were interspersed with gently humorous asides. In his early years at Guy's, Bax studied Human Anatomy which with his knowledge of Human Physiology made his lectures intensely interesting and directly related to what students



Dr. Baxter (third from left, front row) and colleagues.

would meet in the following years. I, myself, learnt a great deal from his encyclopaedic knowledge and letters I received recently from past students show that they too are very grateful to him. Several of these letters referred also to his service as Major and O.C. of B Cy., 22nd Btn. of the Kent Home Guard.

"Tempora mutantur, nos et mutamur in illis." The time came when most of the students entering Guy's had taken 'A' level Biology and not Zoology and Botany. The 1st MB course was modified to reflect this and whilst Baxter retained the teaching of Embryology, in which he is an expert, he spent much of his time in designing and teaching an "Advanced Class" for students exempt from taking 1st MB (later Preliminary Course) Biology.

Bax has many interests other than the purely academic. Whilst at Queen Mary College he became interested in printing and had an efficient flat-bed machine. Inevitably he became an expert on type faces! He is also a very competent musician. From 1928 to 1936 he played the flute and piccolo in the Crystal Palace Orchestra (the Crystal Palace was destroyed by fire on November 30th, 1936). He plays the piano and especially the organ in which he has a special interest and about which he is very knowledgeable; in 1970 he was elected to the (non-professional) membership of the Royal College of Organists, being sponsored by the Organist and Sub-organist of St. George's Chapel, Windsor.

Let us all wish him a very happy and long retirement in which he can indulge and develop these and perhaps also new interests in the company of his wife Marjorie, his daughter, son-in-law and two grand-children.

B. R.

Sherlock Holmes and Dr. Watson
A Medical Digression (Part V)

by Maurice Campbell, O.B.E., D.M., F.R.C.P.

Of Chemistry, Anatomy, and Pharmacology

When Holmes and Watson were students, physiology had not yet come into its own, and we must turn to chemistry and anatomy for their knowledge of the preliminary sciences. The chemical researches of Holmes and his work at the chemical bench are well known. When he first met Watson he had just perfected a test for hæmoglobin which was to replace the old guaiac test (The Study in Scarlet), and even in his student days had spent seven weeks in his long vacation working out a few experiments in organic chemistry (The Gloria Scott). Later, during his absence from London, after the encounter with Moriarty, he conducted a research into the coal-tar derivatives at Montpelier (The Empty House) and scattered through the stories are shorter references to the work he carried on from day to day, such as the analysis of the acetones, at which he put in an all-night sitting during the adventure of the Copper Beeches.

Anatomy

But from the medical aspect we are more interested in Holmes's knowledge of anatomy. He was well up in this according to Stamford, and Watson tells us that his knowledge was accurate but unsystematic; if Miss Dorothy Sayers is correct in deducing that Holmes read the Natural Science Tripos and chose comparative anatomy as one of his subjects (*Baker Street Studies*), this might be expected, for Watson, like most doctors, would think that anatomy meant human anatomy. Holmes had not learnt anatomy as thoroughly as most medical students have to—indeed, Stamford states that he had not taken out any systematic medical classes—and it was Watson who identified the upper condyle of a human femur (Shoscombe Old Place), though it was Holmes who detected that the human ears had been preserved in salt and not in carbolic or spirit, as would have been the case had the parcel been the ghastly prank of a medical student from the dissecting room (The Cardboard Box).

But there were several more general anatomical points that Holmes had studied deeply and referred to frequently—especially with regard to the head, the hands and the feet. He deduced the intellectual capacity of Mr. Baker from the size of his bowler (The Blue Carbuncle), and though this had been criticised because of the many exceptions, he was quite correct in the general rule, which has been used as late as this year in a research on the mental capacity of African negroes. Indeed, it is unlikely that Holmes would make such a mistake, for he was able to discuss skulls with the expert anthropologist Dr. Mortimer (The Hound of the Baskervilles), and had also written two monographs on the human ear in the *Anthropological Journal* of 1887.

The deduction of a client's occupation from its effects on the hands is frequently noted (the manual labour of Jabez Wilson, the typewriting

of Mary Sutherland, the music of Violet Smith). Some time before 1888 Holmes had written a work on the influence of a trade upon the form of the hand, with lithographs of the hands of slaters, sailors, cork-cutters, compositors, weavers, and diamond-polishers. The same idea was developed in a rather different way in a series of papers by Lane (later Sir Arbuthnot), which dealt with the skeletal changes produced by different occupations such as the shoemaker, the coal-trimmer and the washerwoman, and were published between 1886 and 1888. In one paper even the title is almost the same. It would be interesting to know if Holmes had read Lane's papers, or vice versa, or if this was another example of the simultaneous publication of new discoveries by independent routes as in the famous case of Darwin and Wallace. [The third volume of the *Journal of the Linnean Society* contains papers read in July, 1858, by A. R. Wallace and by Charles Darwin, expressing similar views about natural selection and evolution; the more formal exposition followed in *The Origin of Species* by Darwin in 1859.]

As I have been unable to trace Holmes's paper, the following extracts from Lane's show the trend of thought: "The body—the changes in whose anatomy form the subject of this paper—was sent to the hospital for dissection. I was therefore enabled to observe accurately every structural variation that had resulted from the habitual performance of a definite series of movements, entailing the expenditure of a considerable amount of muscular exercise during the greater part of a long life-time of 73 years. Having concluded from a careful examination of the changes which the body presented that the man had been a shoemaker, I wrote to the infirmary in which he had died and was kindly informed that he was entered in their books as a shoemaker."

"Let us now examine into the manner in which a vigorous labourer who carries a heavy load habitually transmits that weight through his feet. . . . he has a well-formed inner arch to his foot. You will observe that the epidermis is thicker beneath the outer part of the heel than the inner, that it is also very thick along the outer margin of the sole, along the whole under surface of the pad and beneath the ball of the great toe."

"What I wish to call attention to here is that the occupation of washing clothes is responsible for the production of very definite pressure changes in the joints of the hand and wrist."

"The skin covering the patella and the upper portion of the tibia in front was dense and thick, as so commonly seen in charwomen or in those who do much scrubbing in the kneeling position."

"The changes in the right thumb were very similar to those in the left, the differences which were present being dependent upon the fact that the awl was held in the right hand and the string alone in the left."

The words of Lane and the spirit of Holmes. It may not be generally realised that occupation has an equally or more striking effect on the bones of the skeleton, but I have given quotations dealing more with the external results because these are open to easy verification. It may be objected that Holmes could hardly have written such classics before he was thirty, but Lane was not thirty when he wrote these papers, and many men do their most original work at an early age, and in the rest of their lives apply these observations to practical affairs.

The Student Medical Education Committee (II)

by Chas Newstead, Chairman

Last year for the first time, the clinical introductory course for new clinical students from Oxbridge was expanded to include the intercalated B.Sc. graduates and the Guy's first year clinical students. This expansion was suggested by S.M.E.C. the idea being that an overlap week would allow the senior students to "hand over" to the new students and give them time to learn about ward routine and prevent them spending the first clinical firm learning how to scrub up, perform venepuncture and manipulate ECG machines, etcetera. This year the week has been repeated and altered by Mr. Rendall, the course organiser, in line with S.M.E.C.'s comments on the previous venture. The week this year included a day of clinical teaching followed by four days of working nursing shifts. My exhaustive enquiries reveal that the week was much more successful than its predecessor and with fairly minor adjustments ought to set the pattern for the future.

New clinical students receive a long handout which explains the clinical course time-tabling and examinations, as well as other details of the clinical appointments. Apart from the overlap week it includes two other student instigated innovations, the first is the advertising of an elective information register which consists of reports prepared by intrepid students from all over the globe and is now kept for reference in the Medical School Office. The second innovation is a S.M.E.C. prepared explanation of the uses of the sign up system of assessment, part of this may be of interest to the other clinical students and I will quote from it. "The third important use of the sign-ups is for allocating students to House Appointments. Towards the end of the clinical course the sign-ups you have been awarded for the whole of the clinical course are added up (A, B and C are worth 3, 2 and 1 points respectively). The sign-ups for some firms 'in which students play a particularly active role', such as General Medicine, General Surgery, Obstetrics and Gynaecology, Psychiatry and Paediatrics are given more weight than the other subjects. A list is then drawn up of the year's students in rank order. This list is inspected by two hospital committees in turn, the first consists of registrars and the second, the House Appointments Committee, a changing group of consultants and certain ex-officio members. Both the Committees have the opportunity to adjust the order of students if they feel that the total sign-up score does not accurately reflect any particular students' abilities. They would make allowance for ill health for instance, in practice the adjustments made are minor ones. The House Appointments Committee then uses the final list to allocate jobs in the Guy's scheme on the basis that the 'best' student gets his first choice, and the second best student his first choice, so long as the job has not been filled already, in which case he is allocated to his second choice, and so on."

Early in our term of office, St. Olave's Hospital was closed by the Commissioners during the time that the District Management Team was sacked by the Minister of Health. There is no doubt this has led to

problems in the provision of clinical education and S.M.E.C. has had several unsatisfactory debates with various people on this issue. Also hanging over the whole question of medical education here at Guy's has been the recommendations of the Flowers' Committee and the subsequent indecision of the University authorities.

During last spring we were involved in initiating a series of talks during a "careers week" aimed at final year and newly qualified medics, this was reported on in the April *Gazette* and suffice to say that another series is planned for the week beginning the 30th of March, 1981.

Other clinical issues we have become involved in with more or less success include: the pruning of child psychiatry from a week down to a single day in the paediatrics firm, locum appointments, and an integrated locomotor course. Gene Feder has helped organise some multidisciplinary seminars on terminal care which I understand he will write up for the *Gazette* some time in the near future. We have criticised the job descriptions for house officers provided by medical staffing and precipitated an attempt to improve them.

Finally after several years (to my knowledge at least) of discussion on S.M.E.C. about providing feedback on clinical teaching a move has come from the staff's Medical Council to explore methods of assessment of both the content and timetable structure of clinical firms as well as helping staff improve their teaching skills by constructive criticism of their performance. This plan which will probably start with a pilot scheme modelled partly on those used in postgraduate medical education and partly on methods already in use at Guy's is still in its infancy, but within about five years may well lead to a very real improvement in the teachers' knowledge of how well they are conveying their clinical teaching during any one clinical firm.

To sum up, S.M.E.C. operates across an enormously broad frame of reference from the comparatively big time of recommending 100 clinical students to come back a week early to the smaller scale such as showing Oxbridge students around the hospital. It seems to me that its main task is to monitor the present performance of the medical educators as well as to attempt to nurture new educational experiments. I hope this report indicates some success at achieving those aims. I wish the new committee the very best of luck, especially with those problems we have unearthed but have failed to solve this past year.

Guy's Hospital Biennial Dinner 1980

by Our Special Correspondents

The Guy's Hospital Biennial Dinner was held this year in the Grand Hall, Connaught Rooms, on Friday, October 3rd. The Chairman, Professor Keith Simpson, C.B.E., M.D., was introduced by Mr. R. J. Cann. The Honorary Secretary this year was Mr. M. R. L. Joyce. The following toasts were submitted: Her Majesty the Queen; Guy's Hospital and Schools; and the Chairman. A list of the people who attended the Dinner is included below.

Archer, C.
Amiel, S.
Astbury, J. S.
Attale, J. E.
Aumonier, F. J.
Askew, J.
Adams, J. F. R.
Allen, N. H.
Attwood, A. I.
Akle, C.

Bayliss, T.
Bompas, D. G.
Blockley, C. H.
Batty Shaw, A.
Bass, B. H.
Baker, G. A. E.
Butcher, A. S. F.
Briggs, I. M.
Boulter, P. S.
Barrie, J.
Beardon, R. J.
Bowyer, A.
Benson, P. G.
Blake, K. E.
Biggs, D. A.
Birts, R. J.
Brummit, J. M.
Baker, D.
Boffard, K. D.
Bailey, R. I.
Bridger, J. E.
Bishop, N. L.
Barrie, F. M.
Barker, S.
Barrie, N. J.

Campbell, A. C.
Cocker, G.
Carnegie, D. M.
Cole, S. N.
Crabtree, J. W. A.
Cohen, S.
Cree, W. W.
Camac, J. C.
Copeland, B. I.
Coker, F. L.
Carroll, J. D.
Cox, J. A.
Chmielowska, A. T.
Callum, W. D.
Clink, H. M.
Crows, M. G. F.
Chater, E. J. N.
Cooper, D.E.
Cooper, J.
Clarke, S. M.
Chantler, C.
Cosin, C. F.
Collier, H. N.
Clemmey, A. V.
Curnow, R. N.
Cann, R. J.
Cook, D. F. L.
Coxon, A. Y.
Curson, D.
Clark, M.
Crozier, W. C.

Darke, C. S.
Drew, A. J.
Davies, G.
Dhenin, Sir Geoffrey
Davys, M.
Dobson, W. F.
Davies, W. F. T.
Dilke, T.
Davoodbhoy, S. C. A.
Davey, R. F.
Dussek, J. E.
Davies, E. I.
Davies, J. G.
Day, T. K.
Davies, A.
Durnford, S. J.
Davies, J. M. P.
Dalgleish, J.

Earnshaw, G.
Ellis, F.
Earl, C. J.
Ede, M.
Ede, J.
Ede, R.
English, T. A. H.
Evans, K. G. C.
Evans, D. H.
Erskine, D.
Edwards Davies, M.
Elliott, D. R.
Edwards, S.
Earl, H.

Fitzgerald Frazer, J.
Filose, M.
Figgis, M. M.
Finnegan, T. R. L.
Freeman, H.
Frank, P.
Fincham, E.
Fahey, J. M.
Forsythe, J. M.
Freeland, A. P.
Falcon, G.
Franks, C. R.
Fewster, J.

Goodship, T. H. J.
Glover, J.
Glover, N.
Guerrier, H. P.
Gaind, R.
Gunn, A.
Gray, J.
Guerrier, T. H.
Gill, J. R.
Grasby, E. D. Y.
Goodhart, Sir Robert
Govan, C.
Govan, J. A. A.
Griffiths, H.
Glover, M.

Henderson, F. J.
Hickman, R.
Helliwell, P. J.
Henderson, I. D.
Houston, J. C.
Hudson Evans, M. L.
Hanson, J. M.
Hall, J. M.
Hooper, J. M. D.
Hooper, S. M.
Heylen, J.
Hayward, P. W.
Houghton, V.
Houghton, M.
Hillard, K. A.
Hornung, R. G.
Hayes, J. S. G.
Hawley, R. T.
Hill, R. D.
Hewitt, P.
Higgs, F. D.
Huins, T. J.
Hooper, K.
Huddy, E. C. H.
Haggar, C. I.
Hills. T. H.
Hancock, R. P. D.
Hey, G.
Hodge, M. G.
Holden, C. A.
Horton, J.
Handler, C. E.
Humphreys, S.

Illing, R. B.
Irvine, H. S.
Illing, R. C.

Jackson, C. J.
Jackson, Sir Ralph
Johnathan, O. M.
Joiner, C. L.
Jenman, J. L.

James, H.
James, J. D.
Jacoby, M. N.
Joyce, M. R. L.

Knight, F. R. S.
Kinder, C. H.
Knowles, J.
Kelly, K.
Knight, A. C.
Knell, A.
Keates, J. R. W.
Kirby, R.
Kilpatrick, F. R.
Kelynack, J. B.
Kilpatrick, S.
Kinder, R. B.
Kidger, T.

Llewellyn Smith, S. H.
Lilley, M. E.
Lewis, T. L. T.
Lessof, M. H.
Lester, H.
Lansdown, P. F. P.
Lindsay, T. M. C.
Lees, A. P.
Lallemand, R. C.
Lloyd Edwards, D. R. A.
Lyle, G.
Lynch, M.
Latham, J. M.
Lipsedge, M.
Lavelle, M.

Maclean, K. S.
Manning, F. R. C.
Mitchell, S.
Middleditch, D. M.
Membrey, A. J.
McColl, I.
McColl, J.
Millman, C. K.
Moore, B. J.
Mornhy, B.
McGill, I. G.
McCormack, J.
McCormack. M.
Murray, J. F.
Moore, R. H.
McHardy Young, M. E.
McHardy Young, S.
Morrison, H. M.
Mitchener. M.
Murray, M. D.
Mansie, J. W.
Margerison, J.
Morgan, R. J.
Muir, V.
Masser, M. R.
Moscoso, J. G.
Mitton, S.
McEvedy, B. A. B.
Meyrick, P. V.
MacKensie, C.
McLauchlan, C. A. J.

Newton, J. M.
Notley, R. G.
Nielsen, M. S.

Oppenheimer, S.
O'Gorman, P.
O'Brien, P.
O'Connell, S.
Older, M. W. J.
Owen, R. D.
Owen, W. J.
Owen, A. M.

Powlson, M.
Plowman, R. D.
Price, T. M. L.
Palmer, M. S. M.
Parry, T. C. L.
Pearson, M.
Pritchard, H.

Palmer, T.
Pritchard, K. G. B.
Parks, Sir Alan
Parry, H.
Parker, W. N. B.
Pitt, N. E.
Pitt, P.
Preston, G. M.
Phillips, D. C.
Penny, R. W.
Preston, R.
Page, J.
Padfield, C. J.
Parker, R.
Powell Jackson, J. D.
Parry, R.
Paulus, E. M.
Parnes, M.
Pain, V.
Phillips, T.

Ryan, J.
Rowlandson, R.
Rogers, N. C.
Rawlings, K. D.
Ross, D.
Russell, P. S. B.
Raman, A. C.
Reeve, H. S.
Rowland, C. G.
Richards, A. B.
Ross, G. C.
Reekie, I.
Raynor, G. R. C.
Rockall, L.
Richards, T.
Richardson, J.
Reynolds, R.

Silver, P. S.
Stewart, I. G.
Saunders, W. B.
Scott, N. I.
Smith, A. J.
Stoker, D. J.
Scott, S.
Scott, M.
Sheppard, P. N.
Stewart, A. P. O.
Sneary, M.
Sells, R. A.
Sampson, J.
Schweitzer, F. A. W.
Scantlebury, W. K.
Strong, S. V.
Salmon, L. F. W.
Spicer, W. R. C.
Simpson, K.
Stoneham, J. R. G.
Spicer, R. D.
Serenyi, A.
St. John Collier, D. G.
Spiers, J. M.
Shellim, A. J.
Swayne, R.
Smith, C. J.
Slater, N. D.
Singer, N.

Thom, A. R.
Thomas, J. M.
Trounce, J. R.
Tibbs, D. J.
Tulley, W. J.
Taylor, G. A.
Tudgay, B. A.
Thomas, K.
Taylor, P.
Terry, M. F.
Treadwell, W. T.
Tunstall Pedoe, H.
Thompson, G.
Thompson, M. A.
Thompson, J.
Topham, J.
Topham, C.
Turley, S. J.

van't Hoff, W.
Vine, R. S.
Vale, R.

Wilson, R.
Wright, L. P. J.
Williams, E. A.
Webb, W. B.

Warburton, E.
Wilkins, D. C.
Williams, M. J.
Watson, D. M.
Watkin, R. R.
Williams, S. R.
Wright, D.
Wengraf, C.

Wastie, M.
Williams, C. J. S.
Wheeler, S. J.
Watson, N.
Wass, J. A. H.
Wass, V.
Wiggins, J.
Wheeler, J. G.

Worthington, S.
Watson, D.
Watts, R.
Womack, N. R.

Zorab, E. C.

In his short but entertaining speech Professor Simpson discussed the recent reports concerning medical education in London, and congratulated the Dean, Dr. Houston, upon the work which he has done on our behalf. Professor Simpson pointed out that in his travels around the world, the most famous hospital name was that of Guy's, and that he was sure that such a centre of excellence would be able to withstand the problems raised by Flowers *et alii*. He also thanked Mr. Noel Glover, on behalf of the assembly, for the work which he has put into the Biennial Dinner as Honorary Secretary over the past years.

The remainder of the evening was spent in the traditional fashion.

A Day in the Death of Joe Egg

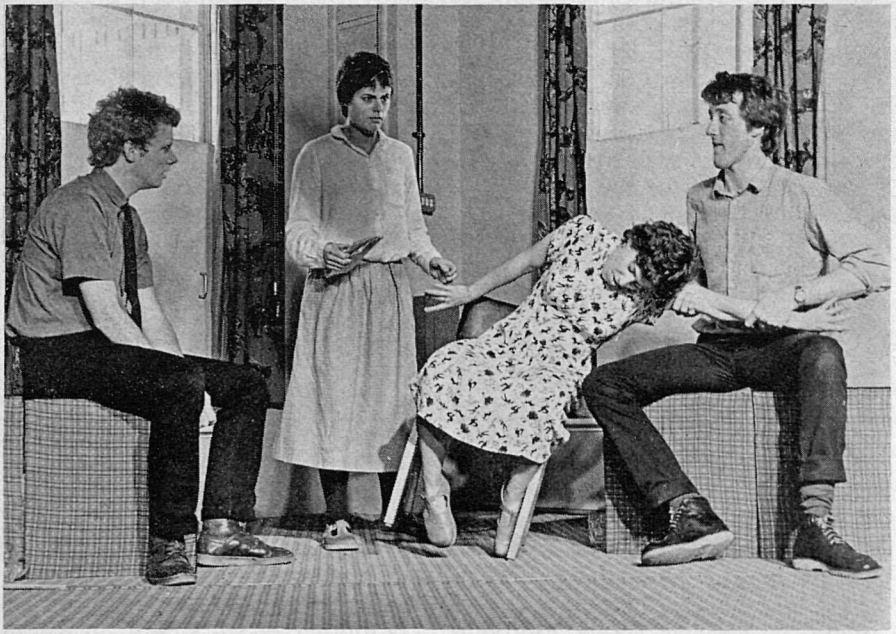
Reviewed by Mark Powlson

This play, by Peter Nichols, was first performed in 1967, and deservedly won widespread acclaim. It succeeds in being a comedy—but its subject is as profound a tragedy as Sophocles could have wished for: the adaptation of parents towards life with a child so crippled as to be, as the father puts it, "*a human parsnip*". Without bad taste (unless you object to the rather appealling image of Him as a manic depressive rugby footballer), without overstatement and without over sentimentality, the separate adaptations which the parents have made to this life, their separate feelings of guilt, and their interactions with another couple and of the father's mother, is examined with great skill and wit. One was, nevertheless, aware that the central character of the play, despite her inaction, was the child. It is a difficult play to do well, but, on the whole, the performance succeeded admirably.

The father was played by Al Black. It has been said of Al that he is typecast: the problem with this rather facile judgment is that he has been cast in so many different rôles over the years, and has fitted into most extremely well. It would seem, alas, that he is a fine actor, and he once more justified this promise in these performances. The apparent playfulness and self-delusion were shown, but it was always evident—perhaps too much so—that this was a façade underlying which was considerable anxiety and guilt. Liz Williams, as the mother, was as good as always. One could see ample reason for such an interesting part history, although I am sure that, at times, it might have been necessary for the neck to be less stiff.

The "other" couple were played by Tim Lancaster and Ros Keitley-Webb. Tim had to step in at a very late date due to the indisposition of Paul Cullinan. He managed to depict the character of Freddie, but as is only to be expected the lines were occasionally a problem. Ros had little to do as Pam, but what she did, she did well.

The other two actresses had very small but very effective parts. Jane Walter as the grandparent gave her best perfomance at Guy's, and Susie Cohen as Joe was quite remarkable. The director, Andrew Charters, deserves praise for his handling of such a difficult play, especially as it was the first play he has directed. A courageous and successful production.



Quodlibet Society

Sir Thomas Hetherington, KCB, CBE, TD, QC, DPP

Reviewed by John Pini

If one accepted the words of Edward Gibbon that history is little more than the register of crimes, follies and misfortunes of mankind, one might have an excuse for believing that the Director of Public Prosecutions was simply a chronicler of human disasters: a sort of roving eye in accident black spots. The interesting thing is that given the public nature of his office the general population remain largely ignorant of the conduct of that office: the very population who at some unfortunate time may make a unique, and for them highly memorable, contribution to English criminal law by coming under the scrutiny of the D.P.P.

Sir Thomas Hetherington

The office is an old one. The first Director of Public Prosecutions, Sir John Maude, Q.C., was appointed in 1879 under the Prosecution of Offences Act of that year, but the Department in its present from was first established by the Prosecution of Offences Act 1908. In 1961 the then D.P.P., Sir Theobald Matthew gave an address to the Gray's Inn Moot Society in which he said that "the title of 'Director of Public Prosecutions' is a complete misnomer, because in fact I direct nobody and there are not any public prosecutions." Small wonder therefore that the public are confused. The point is, as Sir Thomas made clear, that the police institute the great majority of prosecutions although they are not thereby exercising any rights or powers that are denied to individual citizens. Indeed the Act under which the D.P.P. operates expressly provides that nothing in it shall prevent any person from instituting or carrying on any criminal proceedings. The difference is that the D.P.P. is usually asked to advise on any case which appears to be of "importance or difficulty" or a case of a sensitive nature perhaps arousing strong local feeling where it would be unwise to involve a local police force. Accordingly all murders are referred to the D.P.P., as are offences such as armed robbery, corruption, and some sexual offences and complaints against the police. An example of a corruption prosecution given by Sir Thomas was the inquiry into the architect John Poulson and T. Dan Smith.

Two tests have to be satisfied before the D.P.P. decides to prosecute. Sir Thomas baptised the first one, the 50% rule: whether a reasonable jury properly directed is more likely than not to convict? If the answer to that is "Yes" then the question of public policy or public interest arises. A previous D.P.P., Sir Hartley Shawcross put it this way: "Wherever it appears that the offence or the circumstances of its commission is or are of such a character that a prosecution thereof is required in the public interest." In other words it is not sufficient reason to prosecute simply because there exists what lawyers call "a case". Sir Thomas made clear that factors such as the health of the accused or of witnesses are considered, whether or not it is oppressive to pursue the already harassed individual. Is there really any public utility in prosecuting for a relatively petty offence someone already serving a long sentence? The balancing act is clearly between upholding the law and yet maintaining confidence in it, even though you do not prosecute at every available opportunity. Public opinion matters here and is perhaps a maverick thing: strangely the public are less concerned if a prostitute is the victim of an indecent assault than a school-girl. It is hard to see a rational justification for this, but it is nevertheless a factor in deciding whether or not to prosecute.

Sir Thomas stressed that he would never prosecute just to give a topical matter a public airing as was suggested was the appropriate course in the sad case of Blair Peach: in such a case the correct forum for a hearing was the coroner's court.

It just ought to be said that in regard to the Jeremy Thorpe case Sir Thomas mentioned that as far as he was concerned the evidence pointed one way only.

The only thing that Sir Thomas *will* give a public airing to that is topical is his own work and that of his staff and from that the audience benefited enormously.

He avowed that the de-mystification of his office was something for which he strove as his hallmark upon it. The best tribute to this enjoyable talk was that, for at least one member of the audience, he succeeded.

Footnote: Despite the arrangement of several other societies' meetings on the same night, Quodlibet's first meeting of the term was well attended and an overwhelming success. I would like to thank Peter Kapff and Vicky Cooke for their efforts in arranging the evening. Later this term we hope to have Harold Evans, Editor of the Sunday Times, to come and talk to us—watch out for the notices.

W. v. H. Chairman of the Quodlibet Society.

CITY MUSIC SOCIETY

During the winter months, the City Music Society hold regular lunchtime concerts every Tuesday and Thursday from 1.05 to 1.50 p.m. They are held in Bishopsgate Hall—which is a mere twenty minute walk from the Hospital, and which has many convenient bus routes, being next to Liverpool Street Station. I have attended two of the concerts recently, both of which were excellent, and made one regret being unable to attend more often.

On September 30th Stephen Bishop-Kovacevich, the celebrated pianist, played Schubert's Moments Musicaux No. 6 in A flat, and the Sonata in B flat, D. 960. The start of the short piece was slightly uncertain—and thus was not helped by the feet one could hear echoing in the corridor beside the hall—but soon settled down. The Sonata was played with all the concentration and technique which has made Mr. Bishop-Kovacevich so much in demand: a superb performance which met with the full approval of the large audience. (It should be noted that the piano used to belong to Dame Myra Hess, and has been extensively rebuilt. Mr. Bishop-Kovacevich, who studed with Dame Myra, gave his services free so that the proceeds of his recital could augment the restoration fund.)

On October 7th a recital was given by Gary Karr (double bass), and Harmon Lewis (piano). In the four hundred year history of the double bass there have only been four musicians who have gained international acclaim as virtuosi: Dragonetti, Bottesini, Koussevitsky and now Karr, who gave a varied and amusing recital. Three pieces were transcriptions (indeed Bach's Arioso from Cantata 156 was a transcription of a transcription!), and this shows some of the difficulties facing a double bass virtuoso—nobody writes for them. Indeed, two of the pieces were written (presumably in desperation) by Bottesini. Despite these problems the concert was very successful, and Mr. Karr showed a technique which seemed quite out of place on so cumbersome an instrument. I

have always been partial to the tune of a double bass—and this was a superbly mellifluous Amati, which had belonged to Koussevitsky. It must, however, be admitted that—despite the quality of the playing —forty five minutes (plus encore) was long enough for a double bass recital.

Future concerts include the Royal College of Music Wind Ensemble playing Mozart's Serenade in B flat. K. 361 on October 28th, and a recital with two pianos on October 30th. The admission fee (including programme) is 60p.

Mark Powlson.

Nursing

On September 29th, the 37½ hour working week recommended for nurses by the Clegg Commission was introduced at Guy's. For day staff the 2½ hour cut has been made by giving everyone a half-day once a week; for those on night duty this is obviously not possible and more complicated changes have been made which in turn affect the times of the day shifts. For those who wonder about the hours that the nurses work, these are now as follows:

A shift	07.30–16.15
B shift	12.30–21.15
C shift	20.45–08.00

Permanent night duty is only worked by the night sisters and a small pool of staff nurses. Otherwise night duty on each ward is covered by nurses from that ward in rotation. Over two weeks a nurse works one half-day, seven nights on and six nights off. She then has two weeks on day duty before repeating this pattern.

A year was given for hospitals to work out how to implement the 37 hour week and at Guy's it took about six months. Incidentally during that time the extra 2½ hours was paid not as overtime but at the standard hourly rate. It certainly must have been difficult to decide how best to do it. Apparently several of the bodies representing nurses were in favour of half-days rather than each shift being half-an-hour shorter. These same bodies should remember this when there are complaints about nurses' training needs not being met in the wards. The afternoon overlap of shifts is the time when the more formal aspects of ward teaching can take place. Already, out of say twelve student nurses allocated to a ward, on any afternoon two will be on night duty, two on nights off, and maybe two on days off; of the remaining six, two will need to be off on a half-day, and the trained members of staff who are needed to share their knowledge and experience also have to fit in a half-day each.

A concession has been made to ward sisters that if they find themselves completely unable to take a half-day off a week, they may have a day off a month instead—not easy for conscientious ward sisters to take either. It is interesting to think for a minute about the ward sister's job and how her time is used. Surely much of her work involves giving

time to people—patients, relatives, nurses, doctors and the multitude of other people who come into the ward. Consider one of the 29 bedded surgical wards—there are 29 patients with at least one relative each, three staff nurses, 12 or so student nurses, a couple of auxillary nurses, eight or more different doctors if two firms use the ward—one could continue endlessly but those mentioned already add up to more than eighty. Each one is entitled to some of the sister's time and that gives them less than half-an-hour a week on a straight calculation (although of course some of her time is shared with several people).

However I do not think that the care given to the patients will get worse with the reduction in working hours. Trained nurses usually manage to get the students off the ward more or less on time, and then give fifteen minutes here, half-an-hour there so that things are done properly. Now their lives will be more difficult and they will be giving more time than before. I hope that more of them will now claim the overtime payments to which they are entitled. Nurses naturally feel a reluctance to claim payment for the frequent short periods of overtime worked and most do not bother to do so. It would seem a pity if the result of the introduction of the 37½ hour week was not only greater frustration for nurses but also even more free nurse hours for the N.H.S.

Julia Fabricius.

Physiotherapy

The professional and Technical 'A' Whitley Council is the one which agrees the salaries and conditions of service of several paramedical groups, including the physiotherapists. It has the usual constitution of a Management Side and a Staff Side, the latter representing the various professional organisations and those trade unions which include relevant professional groupings within their membership. There has been considerable satisfaction recently over the agreement that for the first time members of the professions as distinct from the trade unions should serve as chairman and officers of the Staff Side, the first of these being a physiotherapist.

This is seen as a further milestone along the road to a genuinely professional state in which we will take more and more responsibility for our own organisation, welfare and deployment and depend less on the advice, guidance and control of others.

There has been a truly enormous change during the past decade as we paramedicals, supplementary professions or whatever you like to call us, have asked for, been given and have taken a progressively greater degree of autonomy in the organisation of training, the drawing up of syllabuses, the institution and conduct of examinations and the development of a "policing" or overseeing system to ensure that professional standards are maintained or improved.

Oddly the wider national recognition of this has often outpaced a local readiness to accept the actuality, and one sometimes gets the feeling that as the road unrolls ahead towards a rosy future somebody

back there is rolling it up again behind. It would, one must suppose, be a dull world where all change took place at a uniform pace but the requirement to step back and forth in time as one travels both to distant parts and within one's own locality can produce a sense of unreality.

There has been much debate as to the wisdom of appointing the profession's officers, negotiators and representatives from the ranks rather than employing "outsiders" trained to perform those special roles. Our new venture into trade unionism, like that of our colleagues in the greater medical profession, probably required that we sought specialists to guide us in these unfamiliar areas, but we now have a growing body of men and women able and willing to learn the rules of the organisation game and it seems likely that future developments will lead to a body run not only for, but actually by the profession itself.

It is recognised that the acquisition of power carries with it the need to exercise responsibility, and that, for good motives as well as for more suspect ones, there may be others reluctant to see this shift or, having seen it, to allow it to happen. It behoves us, the aspiring autonomous professionals, to demonstrate the benefits that are consequent on the change, and them, the obscurantists, to ask themselves who the change serves best.

R. J. Cooper

Book Reviews

"Soldier Without a Rifle", by David Stafford-Clark. Pp. 317. Price £5.95 Published by Collins.

Dr. Stafford-Clark's first foray into the world of fiction is somewhat akin to the curate's egg—parts of it are excellent. Much of the story is based on his own life and the book is written for the most part in the first person. Consequently, I had the feeling throughout the book that Dr. Graham Pierson, the psychiatrist who I presume will be the common link through each part of the trilogy of which this book forms the first volume, is an only slightly diluted version of the author himself. (As such, he is no mean story teller, as those of us lucky enough to have been taught by him will bear out.)

Every novel of this type is expected to have the usual quota of sex and violence and we are duly obliged. The sex is somewhat gratuitous but the best pages of the book come in the earlier chapters which describe action in an R.A.F. station during the Second World War. No need for contrived violence with such realistic writing as this. However, the rest of the book never really attains these heights again.

The story is a strong one and well constructed, but, strangely, the characterisations don't always gel. Each person in the book, interesting characters each in their own right, seems to think and speak along exactly the same lines both as each other and, more significantly, as the story teller. Everybody is blessed with such perceptive insight that their subsequent actions are often strangely illogical. However, each step in the various inter-personal reactions are carefully described and a lot of "jobbing" psychiatry is thereby covered. It could be considered as a version of *Psychiatry Today* transferred to a fictional setting and as such is an interesting translocation.

When the curate ate that original egg, he probably added salt and pepper to the not-so-good parts but let the taste of the good parts linger in the memory. I know which aspects of this book will stay in mine.

JON AYRES.
Registrar,
Department of Medicine.

"Clinical Pharmacology" by D. L. Laurence and P. N. Bennett, 5th edition. Pp. 954. Price £11.00. Published by Churchill Livingstone.

This well-known textbook has now reached its fifth edition and as usual fulfils its stated aim of "providing pharmacological knowledge that is both interesting and useful to the physician". For this edition Professor Laurence has been joined as co-author by Dr. P. N. Bennett who is a Consultant Physician at the Royal United Hospital, Bath and a Senior Lecturer in Clinical Pharmacology there. This partnership has not altered the attractive, if occasionally discursive, style which has been the hallmark of all the previous editions of this book. An additional chapter has been added by Professor J. W. Black on "How Drugs Act". Since he has played a major role in the discovery of both beta-adrenoceptor blockers and histamine H_2-receptor blockers, he is well qualified to address this topic.

There are, of course, many different ways of writing a book on clinical pharmacology. The emphasis in this text is perhaps more towards therapeutics and less towards the basic principles and pharmacokinetic aspects of the subject. To change the bias at this stage would have required major re-writing and would have changed the character of the book. As one might expect from one of the authors of *"The Medicine You Take: Benefits and Risks of Modern Drugs"* (a book which I recommend all students to read) the chapters concerned with drug development and regulation are particularly well done. The rest of the text dealing with drugs, largely grouped by pharmacological properties, shows evidence of careful re-evaluation of contents and the insertion of new agents and theories in line with modern practice. There is even some new poetry! The references have also been brought up to date. I would, however, agree with the authors' comment that references to work published before many readers were born are quoted not because the authors have not troubled to find an up to date reference. They have quoted classic references from the literature because they are worth reading and, even after many years, they still give the greatest insight into a problem.

Those who know the book will not be disappointed by this new edition. Those who do not know it may find within it all they need for Finals and also for general cocktail party chat about the more "sociological" aspects of drugs and their use and abuse. I have noticed that "Laurence" has been read by some of our pre-clinical students in the past and it is also popular with non-medical students. This voting with their grants says much more for the interest and lucidity of the book than I could hope to do in a short review.

H. J. ROGERS,
Senior Lecturer in
Clinical Pharmacology.

"Textbook of Medicine" by R. J. Harrison, 2nd edition. Pp. 445. Price £4.50. Published by Hodder and Stoughton.

This is a small book but a good one. It is intended primarily for nurses and —however impossible the task—its aim is to range over the whole of medicine and therapeutics in little more than four hundred short pages, which include a number of notes on anatomy, physiology and pathology for good measure. Inevitably, the style is highly abbreviated, but the result is nevertheless pleasing, readable and up-to-date. Clarity is helped by some good illustrations and the free use of lists.

Some very appropriate topics have been chosen for a slightly more extended treatment than is usual in books of this size—for example, poisoning, the nursing implications of radiotherapy, and the use of radioactive materials. There is a graphic account (all in half a page) of the effects of atmospheric pollution on buildings, metal objects, clothing and, not least, people's lungs. There are comments on geriatric medicine and the care of the dying (but unaccountably, no mention of the control of pain). There is also a practical guide to antibiotics, which mentions all the principal antibacterial and antifungal agents, sometimes adding the dosages and the main indication for their use.

At £4.50, this second edition is likely to remain as popular as the first.

MAURICE LESSOF,
Professor of Medicine.

Correspondence

Lord Brock—an anecdote

Sir,

I am sure we all feel sad at the news of the death of Lord Brock, especially some of us who have known him for a long time, in my case 53 years.

I first met Brock in 1927 when he was House Surgeon and I was a dresser on the firm. It may interest your readers to know that even in those early days he displayed those characteristics of prompt decision and swift action for which he has since been so well known.

The first night of our take-in week we were late for dinner and as Brock led K. E. Lane and me up the dining-room towards the Residents' table it was evident that a certain liveliness prevailed for it was after 7.30 p.m. and the Fines Book was open.

Brocky stopped at his chair opposite the President (Clayton Jones), apologised for being late introduced Lane and me and we sat down. As our soup was served, Simpson-Smith at the right hand of the President, leaned backwards a little and lobbed a roll into the air and it fell into Brocky's soup. Brocky leapt to his feet and, using the terminology of the time, said to the President, "Sir, I was struck. May I have a free shot?" The President, making the prescribed reply, said "Certainly, provided you guarantee to hit your assailant." Brock seized a syphon of soda water and went into action at a range of two feet and fulfilled precisely the condition laid down by the President.

Heigh ho! I wonder if such things happen nowadays. I hope so.

Yours sincerely,

S. J. WHEELER,

Hyde Beeches,
Hyde, Wareham,
Dorset BH20 7NX

Professor Warwick's retirement

Sir,

May I use your correspondence columns to express my great and heartfelt appreciation of the magnificent party which took place in the Medical School on Friday, September 26th, to mark my retirement. It was for me an almost overwhelming occasion, not only because of the handsome and most generous gifts and souvenirs which I received, but even more because of the presence of an unexpectedly large number of many friends, some of whom had travelled unconscionably inconvenient distances. Apart from the delight of reunion with many past members and students of the Department of Anatomy, it was most pleasing to me to be honoured by the attendance of old friends in the G.H.M.S. administrative staff (an organization which, as they well know, I have always cordially admired), as well as student representatives, members of the firm of Marconi (to which I and this medical centre owe so much), and a group of fellow anatomists from other schools, a special pleasure on such an occasion. I was also gratified by the number of old and new friends from all parts of the School and Hospital who were able to join in.

I think it better not to mention individual names in this short and inadequate letter of thanks, because I intend to express my feelings personally to everyone involved. Although I have already begun to do this, I must without further delay attempt to reach many friends to whom I have not yet been able to speak or write. To all concerned I send most affectionate appreciation of the pleasure with which you honoured me. I shall never forget the occasion, and from a position only slightly more distant I shall continue to watch your individual progresses, wishing you all fair prospering and happy success in your own lives.

ROGER WARWICK,

Anatomy Department,
Guy's Hospital Medical School,
London Bridge, SE1 9RT

Alcoholic Antidote

Sir,

In 1968, February 17th Guy's Hospital *Gazette*, an article was published on an "Alcoholic Antidote". This consisted of vitamin C, Kaolin and charcoal presented in a $\frac{1}{2}$gm tablet.

It was found to be unstable and had a short shelf life due to decay of ascorbic acid so this was stabilised as niascorbin, the amine of ascorbic acid. A co-enzyme in dehydrogenation of alcohol is NAD which consists of one part of nicotinamide to two parts of ascorbic acid and one part of adenylic acid. To simulate NAD, calcium hydrogen phosphate as found in baking pow-

der, adenine as found in foods such as tea, sugar, beet and yeast can be taken with niascorbin made by mixing one part of nicotinamide with two parts of ascorbic acid.

All these ingredients are food factors and not drugs. In combination synergic effects occur and the amount of such material required to offset the effects of alcohol intoxication are minimal.

Yours sincerely,

Dr. MICHAEL ASH,

12 Alma Terrace,
Gunnislake,
Cornwall

Eds: Trials are being enthusiastically started!

"Oh What a Lovely War"

Sir,

I was sorry to see the Director of "Oh What a Lovely War" was not mentioned by name in your review. I would like to rectify this and take this opportunity to thank Tim Lancaster on behalf of the cast for all his hard work.

Yours sincerely,

NICK JONES,

Boland House,
Guy's Hospital,
London, SE1

Eds: Our reviewer passes on his apologies.

Mrs. Moore

Sir,

May I, through the courtesy of your columns, thank the Guy's Hospital Silhouettes, and the Cricket Club, for their good wishes on my recent wedding, and for the lovely present. I should like to take this opportunity of congratulating the Guy's team on winning the Hospitals' Cricket Cup.

Yours faithfully,

PATRICIA MOORE (née Myers),

Keats' House,
Guy's Hospital,
London, SE1

Eds. Our very best wishes to "Trish" on her recent wedding. We can only hope that she continues to be such a friendly and effective link between us "bespectacled boys" and our Chairman.

Mr., Miss, Mrs. or Ms?

Sir,

I am sorry to see that the *Gazette* has succumbed to the current use of "Ms" to indicate the female of the species in its Student Lists and Examination Results etc. As probably they are almost 100% single, it is quite likely that they would prefer to be known as such (and therefore "available"!).

In any case, surely it is discriminating against the *men* to put *any* kind of title? The only completely non-discriminatory way would be to use initials only for all—both men and women.

Yours sincerely,

PETER READINGS,

Maycroft,
Chobham Road,
Woking,
Surrey GU21 4AB

Eds: We wholeheartedly agree with Mr. Readings' view although we are not sure if all *the female students are single (we think not). As with Mr. Briggs' letter below we must say that the fault lies with the origin of the list, and not with the non-discriminatory (but all male) editorial staff.*

Freshers' Schooling

Sir,

As one who nowadays follows events at Guy's from afar, I found it most disappointing that the list of freshers contained only their names and that their former schools had been excluded. I believe that the list is totally meaningless to everyone except the students themselves who probably don't know where to pick up their copy anyway.

With the schools included, it is possible to see if the children of former friends have entered Guy's, whether one's locality is represented or whether there are any entrants from one's old school. These facts may not be important to the editors but they do give added interest to those of us who do not know all the current personalities at the hospital. I appreciate that a fresher's future is more important than his past but may I urge that the list reverts to its old form in future years.

Yours faithfully,

H. P. BRIGGS,

38 Chalkwell Avenue,
Westcliff-on-Sea,
Essex SS0 8NA

Eds: Whilst we sympathize with Mr. Briggs' comments we must point out that we published the list in the same form as it was received. We hope all students know that they can pick up their Gazette *from the shelf below the pigeon holes in Boland House.*

bosp

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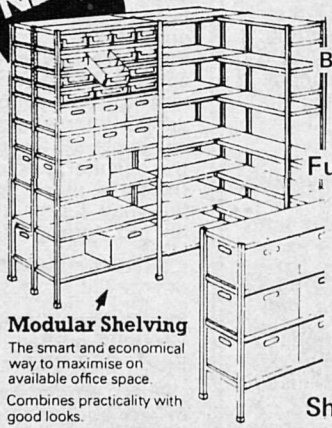

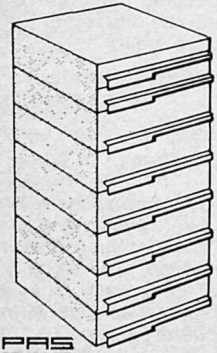

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Sport

This month's edition contains many instances of the increasing prowess of Guy's sportsmen, which I hope will encourage a few of those new (and old) members of the Hospital to display their lights hitherto concealed beneath bushels. These include the long-awaited and much-deserved victory by Guy's Cricket Club in the U.H. Cup final last month; a similar feat by our Ladies' Hockey side in the U.L.U. seven-a-side shield; the awards by the Blues Committee; and an encouraging start to the season by the Rugby Club 1st XV. (I hope the various clubs' representatives will continue to keep me regularly informed of their successes.) I don't know if these heart-warming examples herald a new dynasty of Guy's Sportsmen, or are the swansong of the old, or are a sign of a few holes in the net of selection which seems bent on reducing athletic prowess to a minimum in this traditionally athletic hospital. (If so, let us hope they remain unmended.) But complacency should not be nurtured: your club needs you!

C.H.J.T.

Blues

Heartiest congratulations to those listed below who were awarded Blues or Half-Blues at the meeting of the Blues Committee on Thursday, 2nd October, 1980.

Cricket Club

Full Blues: Paul Shepherd, Charles Tunnadine, Alex Williams.

Half Blues: James Fellows-Smtih.

Squash Club

Half Blues: David Webber, Victor Tun.

Association Football Club:

Full Blues: Paul Shepherd, David Smalley.

Half Blues: David Abrahams, Michael Breeze, Gary Calver, Michael Corlett, Nicholas Cowland, Alex Williams, Harri (D. T.) Williams.

Badminton Club

Full Blues: Jerry Kwok.

Half Blues: Shiraz Gulemali, Pamela Robertson, John Rogers.

Golf Club

Half Blues: John Dixon, Duncan Walker.

CRICKET

Guy's Win U.H. Cup

It is my great pleasure to relate to you that the United Hospitals' Cup for Cricket returns to the Guy's stable after an all-too-long absence of 18 years. This auspicious event was achieved, after many false starts due to meteorological factors, on Sunday, 21st September.

The game itself was remarkable mostly because of the feeble opposition afforded by the trogs of St. Thomas', in the face of an outstandingly strong team fielded by Guy's. In all fairness it must be said that the pitch was incredibly slow, but it was consistently so, such that a reasonable degree of circumspection may have averted the unimpressive results achieved by our neighbours upstream. And great credit must go to the groundstaff at H.O.P. for producing a pitch at all at such short notice so late in the year.

The match was due to be played over 60 overs per side, but considering the conditions (cold, cloudy and soggy), it was fairly obvious that it would not last that long, and it would be an important toss to win. Alex Williams maintained his winning form and invited the others to bat (brave in view of the fact that at that time we were two players short!). Alasdair Jacks (a familiar figure on the cricket field to those who know him, but not obviously a fast bowler to those who don't), opened the bowling down the slope. He has that power, relentlessness and momentum that would bring a tear of nostalgia to the eye of an enthusiast of the steam locomotive (The Flying Scotsman?). He bowled as well as ever, with very little luck. Charlie Tunnadine, on the other hand, bowling a clever pot-pourri of long-hops and full-tosses, together with the occasional "straight one", for no reason immediately apparent, found their batsmen very generous and took 5 of the first 6 wickets, for a total of 13 runs. A large proportion of these were fairly close catches, nearly all of which, during the day, were held. (Excepting a couple of

deliberate errors by our most senior member—not P.J.)

From a position of 5 for 12, there was really no recovering, but with a mixture of soundness, and a little flamboyance from their second half, which really put in perspective the indiscretion shown by the "proper" batsmen, the unhappy visitors finally amassed 72 all out in 25 overs. Chris King finished with fairly holy figures (2 for 5 in 8 overs), and David Hett (there were apparently no weddings requiring his fortune-bringing presence that day), Alex Williams and the unfortunate Jades all contributed manfully.

From the interval, during which a pleasant lunch was enjoyed, a certain feeling of optimism was prevalent in the Guy's camp, though tempered with caution, bearing in mind the pitch. We required less than 1.22 per over, so that assuming we managed above this for 20 overs, losing not too many wickets, the game was really ours. The sun, which had been conspicuously absent for most of the previous 4 months, smiled on us now, and for the rest of the day. The difference between the sides was amply illustrated by the fact that five out of the first six batsmen reached double figures, in spite of runs being very difficult to come by. (Chris King, le Canard d'Or will attest to this.) However, 27 not out made in fine fashion by John Rees brought us home with five wickets and many, many overs to spare. Our first spectator (M.P.) arrived to see him hit the last four. Many thanks to those 20 or so others who turned up to witness the rejoicing.

A thoroughly deserved win, then, and congratulations particularly to Alex Williams, the Captain, for assembling and guiding such a strong side through all the hazards which I know can befall a team and its leaders. Thank you also Jim Calver and Richard Mosely, two very fine umpires, and Eric and Joyce Dunn for their services and support, and to George Scott, for his active participation and support as President of our Club. Also thanks to Helen Rees for the champagne!

The team: Peter Jolliffe, Chris King, Mike Glover, John Rees, Charlie Tunnadine, Alasdair Jacks, Paul Shepherd, Rick Plowman, James Fellows-Smith, Alex Williams (captain), Dave Hett.

C.H.J.T.

ANNUAL REPORT

I suppose it should be with great pleasure that I am able to reflect on a cricket season in which the 1st XI won the U.H. final, but match figures of played 23, won 11, lost 8 and drawn 4 look much more dismal if we disregard the 4 U.H. games. The reason I make this distinction is to highlight the vast difference in standards of side that turns out for the hospital. At its best Guy's was virtually invincible, as the crushing 5 wickets victory in the final demonstrates. But at its worst it is absolutely appalling, and being unable to field 11 for the first game on tour has almost resulted in the fixture being dropped. The reasons for this disparity are many and have been the source of much conjecture in the past. Admittedly the cricket season is centred around the term in which this very exam-orientated college sets its exams, and consequently people refuse to play any summer sport. I make an appeal to all up-and-coming Guy's cricketers: work hard, but also play hard, and don't get bogged down in this annual exam apathy!

The season started on 26th April on a pitch that has been improving in leaps and bounds. The side contained many old faces but ominously the rain closed in and the game was abandoned. This game was the only one that was stopped in play, and in several other games results were obtained when the weather threatened to close in.

The averages at the end of every season reflect the reliable performances. Indeed the end of an era has been reached with the departure of Mike Glover, whose reputation normally warrants a long-off for the first ball. Guy's bowling suffered a pounding when he swapped allegiance in the Past v. Present to score a magnificent 165. His much-matured batting style saw Guy's through to good scores against Bart's and Mary's in quarter- and semi-finals of the U.H. Cup. However, this year his performance has been overshadowed by Charles Tunnadine who, free of the reins of captaincy, performed regularly with bat and ball, and scored his maiden century against Brixton Police. His most noteworthy destruction was of St. Thomas's with figures of 5 for 13 saw the match go easily to Guy's.

The only new face in the team this year is Chris King, a Hertfordshire County player, who was challenging Glover as to see who could hit the biggest 6—I'm not sure who won. He is in the mould of a present breed in Guy's cricketer: the all-rounder, and though not professing to be a bowler, single-handedly demolished the London Hospital with 6 for 40 in only his second match.

Peter Jolliffe enjoyed a more successful season than last year and returned some very good scores, particularly 98 against Brighton on tour. However he still maintains he has never once been out, though the decisions always go against him.

Mention must be made of an Australian elective student called Dave Cook, who phoned me 2 days before the first fixture, and subsequently played in every match whilst he was in England. For his slight frame he bowled with great pace and revelled in the conditions once he adapted to the more helpful "English" wicket. His dogged batting style led Guy's to a memorable victory over Stoics in one of our closest finishes of the season.

The older hands in Guy's cricket like Rick Plowman, Dave Hett and John Rees all played well, but I feel all three suffered from slight inconsistency. Nevertheless, they provided wonderful support. Dave Greenaway in his final year of Guy's cricket eventually found his touch with the bat, but lacked concentration to convert his twenty's to fifties. In his 11 innings he got into the twenties 6 times and out of them not once! But I suppose that is one of the problems of middle age!

This season also sees the departure of Alasdair Jacks and Paul Shepherd, both of whom were tied up in finals which limited their number of games. Alasdair's dedication to the game saw him travel from Gloucester to Cobham by train (no mean feat), only to see the game cancelled by rain. My memories of his batting include his first game of the season, where his idea of playing himself in was to score 33 in very short time to win us the match. Paul's batting in the late middle order in the Cup games twice converted mediocre scores into match-winning ones. Guy's cricket will miss them immensely.

Mike Bellew has the potential of a very good player if only he could dedicate himself a little more. His ungainly bowling action might look odd but has surprised a few batsmen this year, and his whirlwind batting style would improve leaps and bounds with some concentration.

Many thanks must go to the 50 or more people who have played this season for the 1st team, and also for the never-ending support of a large pool of players who make up the 2nd XI.

What are the prospects for the future? I believe good, although departure of the old school has left us weak. The enthusiasm injected by the Cup victory and maintenance of a smaller squad may counterbalance this. What any team needs is support and I make a plea to all Guy's cricketers to make yourself available to next year's captain and make his job of picking a 1st XI not one of acquisition.

Finally I should like to afford my thanks to Dr. G. Scott, our President, whose enthusiastic and unending support is as much a reason for our success as any other, and to send my best wishes to next year's captain. In retrospect I hope he enjoys it at least half as much as I did.

ALEXANDER WILLIAMS.

Batting	Inns	Runs	Ave
1 M. Glover	7	248	35.4
2 C. H. J. Tunnadine	16	483	30.18
3 R. Plowman	4	107	26.7
4 P. Jolliffe	12	318	26.5
5 C. King	8	195	24.3
6 J. Rees	6	136	22.6

Bowling	Ovrs	Wkts	Rns	Ave
1 A. Jacks	45	11	119	10.8
2 D. Cook	126	24	318	13.3
3 D. Hett	61	12	163	13.5
4 M. Bellew	43	11	152	13.8
5 C. King	118	19	318	16.5
6 C. H. J. Tunnadine	161	26	460	17.7
7 A. Williams	195	32	684	21.3

Catches

1	A. Williams	9
2	R. Plowman	7
3	C. Tunnadine	7
4	D. Greenaway	5
5	J. Rawcliffe	5
6	P. Jolliffe	5
7	J. Rees	5

LADIES' HOCKEY

U.L.U. 7-a-side tournament, Motspur Park, Sunday, 12th October

Guy's in Their True Colours

We seemed set for a good day at Motspur Park—the weather was beautiful, most of the players managed to arrive on time, only the retired captain making the most of the novel opportunity to turn up late. It was a little disturbing to discover, however, that although we were there in the flesh; fourteen healthy hockey enthusiasts, the tournament organisers denied our very existence—no "Guy's" appeared on the bafflingly complicated draw tables, just the mysterious teams extras 1 and extras

2 among the familiar opponent teams. "Never mind", we were assured, "you can play as extras 1 and 2 and everything will be all right". So it seemed, until 2 more colleges arrived who were also unentered in the competition, and we were forced to reduce our ranks and squeeze our numbers into the ignominious role of extras 1. Our hopes were raised by the non-arrival of a team from the Middlesex, but no joy there. The Royal Free however had still not appeared, and we solved our problem for a full 2 minutes, calling our Physios extras 1 and the rest of us R.F.H., until the R.F.H. also turned up. By this time most of our players were suffering from a mild identity crisis; it seemed that we would all have to be extras 1 after all. 30 seconds before the starting bell the St. George's captain casually informed the organisers that they had only one team instead of two, so our medics and dentists, accustomed by now to quick changes, rapidly took up the role of St. Georges II and stormed onto the pitch to win the first match in our section, while the Physios played as extras 1 in another section.

We were evidently not alone in our confusion as to who we were. Walking off the pitch after 8 minutes of intense activity, we were hustled onto the adjoining pitch by a loud mouthed, pink clad hockey spinster, despite protestations that we weren't really St. Georges I, in fact we weren't even St. Georges II, but Guy's II—all to no avail. We won that match too, and gained 2 points for St. Georges I, who weren't even in our section. The umpire was heard to remark—"if you're the 2nd team, what must your 1st team be like?!"—we're still not sure if he knew that we were Guy's and not George's.

The Physios, alias extras 1, alias Guy's I had an unlucky start in their section, but played consistently well, to come 2nd with 9 points (7 goals for, 1 against), beaten only by Royal Holloway College with 11 points.

After our initial teething troubles, Guy's II won all 6 matches in our section to gain a maximum of 12 points, with 12 goals for, 0 against, in addition to the 2 goals and 2 points that we had charitably donated to St. George's I, as they seemed unable to get any themselves.

We were drawn against arch-rivals Chelsea in the semi-final, which was 7 minutes each way of impressive play by both sides, with missed shots at both ends, tense moments, and a beautiful goal from Fiona Clark a minute before the bell, to take us through to the final.

The final was against Royal Holloway College, who, having played their own B team in the semi-final, had got through on Penalty Flicks.

This was our hardest match of the day, but all our players maintained the impressively high standard that had carried us through the first eight matches, Fiona Clark starring yet again with a goal that gave us the final score of 1–0, and the satisfaction of winning the U.L.U. Shield, all doubts as to our identity having been thoroughly resolved.

After last season's triumphs, this was a very gratifying start to the 1980-81 season, and set a standard of play which I hope we shall be able to maintain. Everyone deserves a mention.

Guy's A (Medics/Dentists): Edwina Dighé, Janet Singleton, Sally Clark, Julie Sanderson, Felicity Little, Elaine Dare, Fiona Clark, Wendy-Jane Stephenson (captain).

Guy's B (Physios): Ros Keitley-Webb, Mandy Wright, Fenella Davies, Judith Bury, Julie Dinwoodie (captain), Catherine Grice, Clare Watts.

W. J. STEPHENSON.

RUGBY

1st XV v. Askeans. Drew 6–6

The team set off to the first away match of this season in typical fashion to the smell of burning rubber and sound of blaring horns. Following a narrow defeat last year we were looking for revenge. The game was very dull to watch with neither side ever looking like scoring a try. It ended with two penalty goals each. From a Guy's point of view this was because of the poor handling by backs and forwards alike. It was a game we should have won because of the seventy-five per cent possession provided by the pack. But it could not be turned into points.

Team: G. Parry, T. Rose, I. Niell, B. Keevil, J. Beard, M. Armstrong, T. Palmer, J. Brazier, N. Poole, M. Bundy, T. Jennings, D. Maggs, M. Reece, A. Girling, M. Hackett.

1st XV v. U.S. Portsmouth. Won 23–10

We were beaten narrowly last year by U.S. Portsmouth and were fearing the possibility of a repeat. This seemed to raise everybody's game, resulting in

a resounding victory for Guy's—the first time we have beaten U.S. Portsmouth in six years.

The reason for the victory was the overwhelmingly powerful play by the pack and half-backs. Ted Rose took the first fifteen strikes against the head, much to the delight of a fairly vociferous crowd. Two of the tries were scored by the pack, J. Brazier and M. King getting the touch-downs; and M. Hackett was on form with his kicking. The match was followed by an entertaining evening in the bar at H.O.P. One of the U.S. players must have really enjoyed himself because he was still in Guy's bar on Sunday night.

On the Sunday we travelled down to Chobham for a seven-a-side competition. The Seconds lost in the second round and the firsts lost in the final to King's College Hospital.

Team: G. Parry, T. Rose, I. Neill, B. Keevil, J. Beard, M. Armstrong, J. Brazier, M. King, N. Poole, M. Bundy, T. Jennings, D. Maggs, M. Reece, H. Williams, M. Hackett.

1st XV v Cambridge University
Lost 41–0

This was a game where again the pack won more possession than the opposition, but the backs and forwards were outclassed in the loose play. Many of Cambridge's points came from the quick taking of free kicks and line-outs against a far less organised Guy's team. Some good tackling in the centre by McDonald prevented the score from being any higher but it seemed that whenever Cambridge ran it wide, a move in the centre of the pitch would leave them with the overlap. The captain Mike Reece and wing forward Malcolm Armstrong were missing from the side due to injuries but were ably replaced by McDonald and Charlie Popplewell.

Team: G. Parry, T. Rose, I. Neill, B. Keevil, J. Beard, J. Brazier, C. Popplewell, M. King, N. Poole, M. Bundy, D. Maggs, A. McDonald, T. Jennings, H. Williams, M. Hackett.

GOLF

Presidents Match, 1980 at Tandridge GC.

To the outsider this Sunday started like most Sundays as several Guy's students crept through the door to Boland House rubbing their eyes with sleeplessness. These students however were the Guy's Hospital Golf team summoned by a slightly over-zealous captain to arrive at 8.30 a.m.

We arrived at Tandridge in good time at 10 a.m. to be informed by an irate steward that we were starting at 12 noon and what on earth were we doing there. Without the energy to physically assault the captain for such superb timing the team settled down for a relaxing drink in the warm sunshine.

The Presidents side arrived looking fit and tanned $1\frac{1}{2}$ hours later and we started the three morning foursomes. The students side, on paper one of the best ever produced, soon asserted themselves and arrived at lunch in the unfamiliar position of being $2\frac{1}{2}$–$\frac{1}{2}$ ahead with Fish and Heard four down with six to play earning a good half.

Dr. Maclean's "book" at lunchtime reflected a considerable lack of confidence in the President's side which perhaps encouraged the students to partake of a little too much alcoholic refreshment for the afternoons singles presented a very different picture.

Page found Dr. Cockerill's dependable consistency quite a handful and Poole, still suffering from lack of sleep, had to be woken up for each shot and so the first two matches were lost convincingly. Craigen over-confidently promoted himself up the order but came up against Prof. Cohen totally off his usual form and managed to squeeze home.

This temporary revival faltered as Dixon found the trees a little too often to challenge such a tough competitor as Dr. Maclean.

The match was now delicately poised and the students required $1\frac{1}{2}$ points from the last 2 matches to oust the President. The final two matches in past games, the basis for many a Guy's win, were won handsomely by Dave Fish and Bob Heard both unrecognisable from their morning performance.

We then retired gratefully to a superb dinner at Prof. Trounce's house where the solemn ceremony of reselection of a President was performed. Many thanks are due to Prof. Trounce for his sterling work over the last two years which has seen the emergence of a rejuvenated Golfing Society and presentation of the Kenneth Maclean Cup at the first Guy's Golf Championship for a decade. Congratulations to Dr. Houston on his appointment as President of the Society. We look forward to a long and fruitful association with him during the next few years.

MICHAEL CRAIGEN

Results (President's side first)

Foursomes a.m.

Mr. R. Brain and Dr. K. Maclean lost to N. Page and N. Poole 3 and 2.

Prof. S. Cohen and Dr. R. Cockerill lost to M. Craigen and J. Dixon 4 and 3.

Prof. J. Trounce and Dr. J. Houston *halved with R. Heard and D. Fish.*

Singles p.m.

Dr. R. Cockerill beat N. Page 5 and 3.

Mr. R. Brain beat N. Poole 2 and 1.

Prof. S. Cohen lost to M. Craigen 3 and 2.

Dr. K. Maclean beat J. Dixon 4 and 3.

Dr. J. Houston lost to D. Fish 5 and 4.

Prof. J. Trounce lost to R. Heard 3 and 2.

Students won $5\frac{1}{2}$–$3\frac{1}{2}$.

Hospital Information

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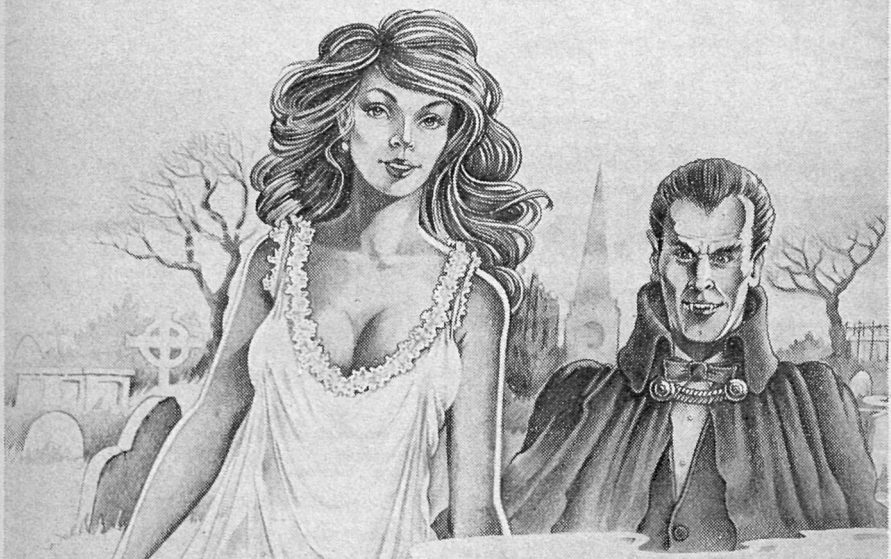

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M. I. Cotgreave
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K. V. Jacques
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Miss R. M. Willis (Distinction)
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Miss A. M. Wright
Miss J. A. Yates

HOUSE APPOINTMENTS

1st August, 1980

House Physicians

Dr. Scott/Dr. Joiner/ Dr. Grahame/ Prof. Panayi & Dr. Rubens	Dr. C. A. Lawton to 31.1.81 Dr. A. G. Dewhurst to 31.1.81
Prof. Lessof/ Prof. Keen/ Prof. Dowling/ Dr. Sladen	Dr. M. Ganczowski to 31.1.81 Dr. T. J. Tarr to 31.1.81 Dr. S. Oppenheimer to 31.1.81
Dr. Houston/ Dr. Knight/ Dr. Grimble	Dr. H. Kinsella to 31.1.81 Dr. A. T. Morgan to 31.1.81
Prof. Trounce, Dr. Hicks ,Dr. Gibson & Dr. Maisey	Dr. J. R. Stephenson to 31.1.81 Dr. C. Keyte to 31.1.81
St. Olave's Unit	Dr. S. Caine to 31.10.80
Gen. Med. Drs. Scott/ Joiner/Grahame/ Panayi & Rubens	Dr. Springbett to 31.1.81
31.10.80/Ger. Med.	Ger. Med. to 31.10.80/ Dr. Springbett
Gen. Med. Drs. Scott/ Joiner/Grahame/ Panayi & Rubens	to 31.10.80 Dr. S. Caine to 31.1.81

House Surgeons

Mr. Ellis	Dr. L. Denmark to 31.1.81
Mr. Maynard	Dr. J. Williams to 31.10.80 Dr. Robertson to 31.1.81
Mr. Beard	Dr. S. Pyle to 31.1.81
Mr. O'Flynn & Dr. Winter	Dr. A. Pinfold to 31.10.80 Dr. A. Houghton to 31.1.81
Mr. Glover	Dr. P. W. Fisher to 31.1.81
Mr. Rendall & Dr. Tong	Dr. J. Masters to 31.10.80 Dr. R. Davis to 31.1.81
Professor McColl	Dr. M. Stringer to 31.1.81 Dr. R. Cerio to 31.1.81
St. Olave's Unit	Dr. C. White to 31.10.80 Dr. D. Uwins to 31.1.81 Dr. D. Corbett to 31.10.80 Dr. A. Davies to 31.1.81

Thoracic House Surgeon

Thoracic House Surgeon	Dr. A. Houghton to 31.10.80 Dr. A. Pinfold to 31.1.81

Genito-Urinary Surgeon

Mr. Kinder	Dr. C. Robertson to 31.10.80 Dr. J. Williams to 31.1.81
Mr. Flannery/ Mr. Joyce	Dr. R. Davis to 31.10.80 Dr. J. Masters to 31.1.81

Orthopaedic House Surgeon

Linked to Mr. Glover	Dr. D. Paton to 31.1.81
Orthopaedics Guy's/ Gen. Surg.	Dr. D. Uwins to 31.10.80
St. Olave's Unit	Dr. C. White to 31.1.81
Orthopaedics New X/ Gen. Surg.	Dr. A. Davies to 31.10.80
St. Olave's Unit	Dr. D. Corbett to 31.1.81

Throat & Ear Surgeon

(Linked to Prof. McColl)	Dr. N. Morgan to 31.1.81 Dr. C. Hopper to 31.1.81

Gynaecological House Surgeon

Mr. Coltart & Mr. Moir-Shepherd (linked to Prof. McColl)	Dr. C. B. Irwin to 31.1.81
Mr. Lewis & Mr. Morris (linked to Mr. Ellis)	Dr. S. Janikoun to 31.1.81

New Cross Hospital

Gen. Med./Geriatrics (Dr. Corless/Dr. Lewis) 1.8.80-31.10.80.	Dr. S. Charmantas to 31.1.81
Gen. Med./Rheumatology (Dr. Grahame) 1.11.80-31.1.81	
Gen. Med./Rheumatology (Dr. Grahame) 1.8.80-31.10.80.	Dr. S. J. Matthews to 31.1.81
Gen. Med./Geriatrics (Dr. Corless/Dr. Lewis) 1.11.80-31.1.81	
Gen. Med./Geriatrics (Dr. Corless/Dr. Lewis) 1.8.80-31.10.80.	Dr. J. Broadbent to 31.1.81
Gen./Chest Medicine (Prof. Clark (Dr. Eiser) 1.11.80-31.1.81	
Gen/Chest Med (Prof Clark/ Dr. Eiser 1.8.80-31.10.80	Dr. J. Rose to 31.1.81
Gen./Chest Med. (Dr. Farquharson Dr. Cochrane) 1.11.80-31.1.80	
Gen./Chest Med. (Dr. Farquharson Dr. Cochrane) 1.8.80--31.10.80	Dr. W. W. Carlile to 31.1.81
Gen. Med./Geriatrics (Dr. Corless D. Lewis) 1.11.80-31.1.81)	

Beckenham Hospital

House Physician to Dr. Rawlings/ Dr. Joiner	Dr. M. R. Kiln to 31.1.81

Greenwich District Hospital

House Physician to Dr. Thomson	Dr. A. Barker to 31.1.81
Dr. J. F. Powell to 31.1.81 House Physician to Dr. Robson and Dr. Blower.	Dr. G. R. Ford to 31.1.81
House Physician to Dr. Marsden	Dr. J. M. Theaker to 31.1.81
House Physician to Dr. Robson	Dr. S. W. Lewis to 31.1.81
House Surgeon to Mr. Williams and Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Harrison.	Dr. R. Swingler to 31.1.81 to 31.1.81
House Surgeon to Mr. Stoker and Mr. Harrison for 3 months and 3 months with Mr. Williams and Mr. Park.	Dr. N. Wilkinson to 31.1.81 Dr. E. Da Cuhna to 31.1.81
House Surgeon to Mr. O'Flynn	Dr. J. C. Foster to 31.1.81

The William Harvey Hospital (Ashford)

House Surgeon	Dr. N. A. Channing to 31.1.81 Dr. A. Roberts to 31.1.81

Hither Green Hospital

House Physician in Gen. Med. & Infectious Diseases	Dr. D. Denning to 31.1.81 Dr. S. Myint to 31.1.81

Lewisham Hospital

House Physician to Dr. Price	Dr. P. G. Searle-Barnes to 31.1.81
House Physician to Dr. Stott	Dr. K. A. Ritchie to 31.1.81 Dr. D. M. Abraham to 31.1.81
House Physician to Dr. Staffurth	Dr. M. J. Bellamy to 31.1.81 Dr. E. C. Osmond to 31.1.81
House Physician to Dr. Mallinson	Dr. J. Prior to 31.1.81
House Surgeon to Mr. Lynn Evans	Dr. S. P. Smith to 31.1.81
House Surgeon to Mr. Ivo Smith	Dr. C. P. Vaughan to 31.1.81
House Surgeon to Mr. Monty	Dr. L. M. Powiesnik to 31.1.81
House Surgeon to Mr. Le Brun	Dr. A. E. Williams to 31.1.81
House Surgeon to Mr. Negus	Dr. V. Tun to 31.1.81
House Surgeon to Mr. Beavis	Dr. G. A. Hackett to 31.1.81

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House Surgeon to Mr. Walker-Brash & Mr. Ratnesar (Gen. Surg./ENT)	Dr. P. Inns to 31.1.81
House Surgeon to Mr. Boxall & Miss Austin (Gen. Surg./ Gynaecology)	Dr. J. L. White to 31.1.81
House Surgeon to Mr. Walker-Brash & Mr. Glasspool (Gen. Surg/ Ophthalmology	Dr. K. P. McKinlay to 31.1.81
HP. to Dr. Southwell's replacement, Dr. Williams & Dr. Wharton	Dr. R. A. Evans to 31.1.81 Dr. M. F. Bristow to 31.1.81

Pembury Hospital

House Surgeon to Mr. Gibson and Mr. Lavy	Dr. J. A. Pringle to 31.1.81 Dr. C. Fraser to 31.1.81
House Physician to Dr. Maw, Dr. Everest & Dr. King	Dr. R. G. Jones to 31.1.81 Dr. N. J. Hounslow to 31.1.81 Dr. R. D. Davies to 31.1.81

Dreadnought Seamen's Hospital

House Surgeon	Dr. P. M. Fisher to 31.1.81 Dr. M. D. Weston to 31.1.81
House Physician	Dr. R. Dunn to 31.1.81

St. Mary's Hospital, Eastbourne

House Physician to Dr. Linley-Adams	Dr. P. Shepherd to 31.1.81

District General Hospital/St. Mary's Hospital, Eastbourne

House Physician to Dr. Macleod	Dr. R. H. B. Walkey to 31.1.81

St. Helen's Hospital, Hastings

House Physician to Dr. Irvine (Geriatrics to 31.10.80 & Dr. Reid/ 1.11.80 to 31.1.81 Dr. Liddell (Gen. Med.)	Dr. K. G. Lee to 31.1.81
House Physician to Dr. Strouthidis (Geriatrics)/Dr. Innes (Rheum) to 31.10.80 & Dr. Wray Gen. Med. 1.11.80 to 31.1.81	Dr. J. Godsland to 31.1.81

Kent. & Canterbury Hospital

House Surgeon to Mr. Collins	Dr. R. J. Peck to 31.1.81
House Surgeon	Dr. D. J. Lawton

to Mr. Canney/Urology	to 31.1.81
House Surgeon	Dr. C. M. Vincini
Urology/Gen. Surg.	to 31.1.81
Mr. Canney	

Edgware General Hospital

House Surgeon	Dr. V. S. Wilson
to Mr. Qureshi	to 31.1.81

Joyce Green Hospital, Dartford

House Physician	Dr. A. C. Shaw
to Dr. Goldman	to 31.1.81
House Physician	Dr. S. Lee
to Dr. Wise	to 31.1.81

Cuckfield Hospital, Sussex

House Surgeon	Dr. J. M. Dudley
(3 months Gen.	to 31.1.81
Surg./3 months	
Orthopaedics)	

Isle of Thanet District Hospital, Ramsgate

House Physician	Dr. J. N. Higgins
to Dr. Cocking	to 31.1.81
Dr. Lillicrap &	
Dr. Marshall	

West Kent Hospital, Maidstone

House Surgeon	Dr. B. D. Edwards
rotating	to 31.1.81
Mr. Percival/	Dr. S. Filose
Mr. Winch	to 31.1.81

Royal Sussex County Hospital, Brighton

House Surgeon	Dr. P. J. Razzell
to Mr. Porter	to 31.1.81
& Mr. Royle—Gen.	
Surgery and Urology	

Buckland Hospital, Dover

House Physician	Dr. C. J. Mayne
in Gen. Med.	to 31.1.81
& Infectious Diseases	Dr. M. Hodes
	to 31.1.81

West Suffolk Hospital, Bury St. Edmunds

House Physician	Dr. R. Davis
to Dr. Greener	to 31.1.80
(Geriatrics)	
and Dr. Evans	
(General Medicine)	

PERSONAL

Two bedroom flat for sale in Highgate, lounge, kitchen and bathroom, fitted carpets. £33,000 F/H, contact Sister Perry, McNair Centre, ext. 3001 (01-407 7600).

BIRTH

DAWSON—To Sally (Née Dines) and Andrew, on 25th April 1980. A son, Jonathan Paul, at the West Cheshire Maternity Hospital.

CHANGE OF ADDRESS

Dr. and Mrs. A. J. Dawson, 21 Longfield Avenue, Heald Green, Cheadle, Cheshire, SK8 3NH.

FEAVER. Mr. and Mrs. R. Feaver, Bramley Cottage, Hedsor Road, Bourne End, Bucks, SL8 5EE. Tel. Bourne End 24150.

DEATHS

FAIRCLIFF—Gwenneth Jean (Née Allwright) S.R.N., S.C.M. On 21st September, 1980, after a long illness. (Guy's 1951–55).

MORTON—William Eaden, L.D.S., R.C.S. Aged 70 years, of 7 Penrose Court, Stade Street, Hythe, Kent, died in hospital on September 8th.

WOLFSON—Dr. Leslie Joseph, died suddenly on September 7th 1980, aged 72, while on holiday in France, loved husband of Nancy née Eschelbacher and father of Angela, Katharine, Barbara and Valerie. For many years Senior Consultant Anaesthetist to Birmingham Accident Hospital.

EVERETT—Paul, B.D.S., L.D.S., R.C.S., aged 41 years, of 29 Myton Crescent, Warwick. Dear husband of Eithne and loving father of Stewart, Marcus and Elizabeth.

LOMAX—Dr. Philip Hugh, M.R.C.S., L.R.C.P., D.T.M. & H., died suddenly on 29th July, 1980 aged 75 years. He was Medical Officer for the Assam Railways and Trading Company from 1934–1948 with the exception of the war years, when he served in the R.A.F. On his return to England he set up in private practice in the City of London until his retirement in 1974. He is survived by his wife, Jean.

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PHYSIOTHERAPY CORRESPONDENT — RONALD COOPER
MANAGER — PAT POULTER

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

PASSIM 405

NEWS IN BRIEF 407

OBITUARIES
- Professor W. E. Herbert 413
- William Morton 417
- Dr. E. J. Crisp 417
- Dr. B. M. Heap 419

CLUBS' UNION NEWS 419

UNION WITH ST. THOMAS'S 421
by the Dean

INTERVIEW WITH PROFESSOR WARWICK 422

THE BLOOMFIELD CLINIC AND LEARNING CENTRE 431
by Our Special Correspondent

THE GAZETTE CAPTION COMPETITION, 1980 432
by the Editorial Staff

FLORENCE AND ERNEST SHEPARD EXHIBITION 435
by D. G. Bompas

SEMINARS ON DYING PATIENTS 436
by Gene Feder

NURSING 438

PHYSIOTHERAPY 438

BOOK REVIEWS 439

SPORT 443

HOSPITAL INFORMATION 445

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Passim

The Reith Lectures

The Reith Lectures this year are being given by Ian Kennedy, Reader in English Law at King's College London, who writes in the field of medical ethics. He said in the *Radio Times* before the series started that: *"I'm speaking largely about philosophical and thoughtful analyses of medicine and medical practice, with a little bit of law thrown in and a lot of ethics and a lot of politics too."*

It might strike the casual observer that this is quite a large field to cover in six lectures. In his introduction, however, Kennedy suggests that his central theme is *"about power and responsibility"* in medicine, and it is indubitable that this is of great importance in the social systems of western countries and of those striving to imitate those systems.

There is an extremely large contribution that can be made by a lawyer with a knowledge of medical law and an interest in medical ethics and the history and philosophy of science, criteria which Kennedy would seem to fit admirably. It is a shame, therefore, that some of the force of his argument is lost due to inaccuracies, inconsistencies, poor examples and a tendency to rambling and dogmatism that rivals even that of this column.

At the beginning of the first lecture Kennedy professes that he has set about the *unmasking of medicine*—not so much because he feels that there is something sinister behind the mask, but because he detects *a sense of curiosity, of concern, if not disquiet.* He suggests that the first way to the understanding of modern medicine, is to unravel the rhetoric of medicine. At this point he may already have alienated his medical listeners: this is unfortunate for his suggestion is not trite (albeit unoriginal), and is a fundamental problem which doctors should face. Communication is an essential part of medicine, and this must also include as its basis a concept of illness and health, which Mr. Kennedy then discusses. It is unfortunate that he then chooses an extreme example from America (a problem which seems to have become endemic amongst people broadcasting on medical matters). From this supposed exposal he draws the inevitable conclusion (after lengthy discussion) that the doctor is the *entrepreneur of illness,* because the public has *abdicated to doctors the power to define health,* with the result that *it is predominantly defined in terms of illness and disease.* While there may be some truth in this, one is uncertain where Kennedy considers the blame to lie. At some points he says it is due to the doctors themselves, at others he blames the public and politicians.

The tendency for doctors to have a *"dispensing cures"* mentality, Mr. Kennedy suggests, is a result of their increasing inclination to a technological and scientific training from an early age, as well as from the type of teaching they get at medical school. There is again a certain amount of truth in these generalisations, but one must consider that the

'curings' school of thought existed in years before such a background became so aggressively technological, and that if such a school of thought did exist, it is probably not so prevalent now as in the past.

Mr. Kennedy goes on to explore the mentality of *'doing something'*: he says that the problem with this is that it is *medicine by reflex. It is medicine which ignores such questions as how the state of things is to come about. . . . It is medicine which particularly ignores the question: should anything be done at all?* After asking these fundamental questions in the second lecture he then castigates the profession in the fourth for **not** ignoring the question *'should anything be done at all?'* in a lengthy discussion of medical ethics. One would agree that medical ethics is a sub-branch of ethics (has it ever been claimed otherwise?), but I suspect that his suggestions to alleviate this undeniable difficulty would be unhelpful.

In his third lecture Mr. Kennedy deals with the N.H.S., and in the fifth with the problems of mental illnesses. The third opens with the remark: *'It is hard to avoid the grave conclusion that the National Health Service has failed us. Certainly it has failed to take its opportunities'*. In this case, where more comparisons might be of use, he does not compare in enough detail the service with that of other countries since 1948. Some of his suggestions for improvement of preventative medicine are very sensible (and he sees this as a major priority); others, one feels, might be impracticable, if not totalitarian.

The last of the six programmes will be broadcast after this article is written, and it is possible that Mr. Kennedy will have clarified some of the subjects which we have mentioned. It is a good corrective for the profession to come under outside scrutiny by a person of Mr. Kennedy's standing, and much of what he says is interesting and sensible. It is, therefore, even more sad that such flaws have occurred in the first five lectures. One is, however, left with the vague feeling that whereas medicine may be accused of being a profession that is living in the past in many of its attitudes, the sociologists, intellectuals and politicians who talk about it are behind the times in their researches. Doctors nowadays are becoming much more aware of the sociological aspects of the profession (and most were always aware of it in the first place). This change has not yet been recognised by those examining us from outside the profession. This might be our fault for failing to communicate—but it could just be that they are examining a deep meaningful and undoubtedly ongoing situation at a past moment in time.

Merry Christmas

The *Gazette* wishes its subscribers and student readers a very Merry Christmas and a Happy New Year—thinking particularly of those who are on duty over the festive period. Our special congratulations go to those dental students who qualify this month, and we hope that they will preserve their links with the Hospital and with their friends by subscribing to the *Gazette* in the New Year.

News in Brief

Mr. Julian Dussek

Our congratulations to Mr. Julian Dussek on his appointment as Consultant Thoracic Surgeon at Guy's Hospital, The Brook Hospital and the Brighton group of hospitals. Mr. Dussek succeeds Mr. Brain (on whose firm he started his clinical course at Guy's).

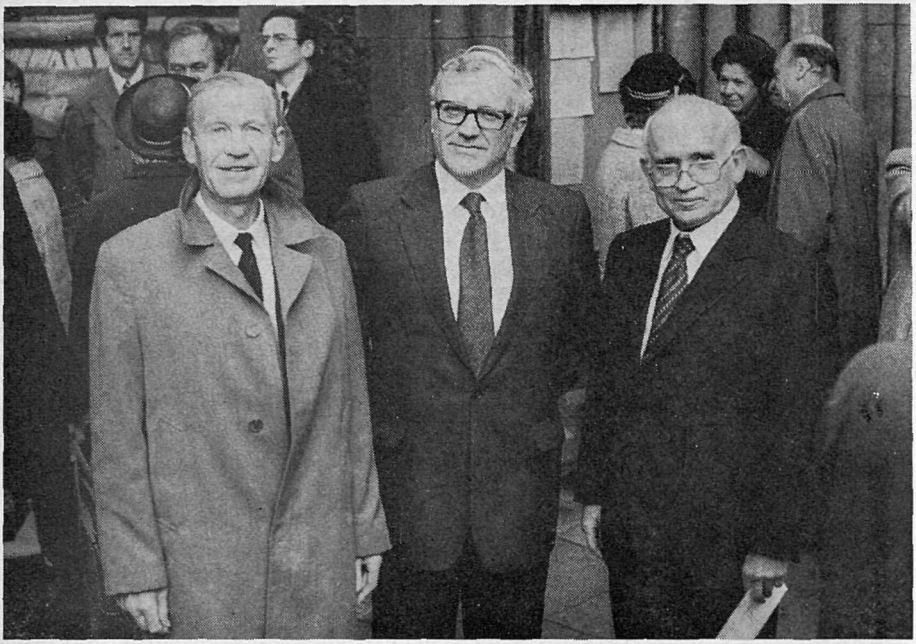
Nobel Prize in Medicine

Our readers may have seen that the recent awards of the Nobel Prize for Medicine have gone to the people who discovered and applied the HLA system. What is not generally appreciated is that the initial discovery in this field was made by Professor Peter Gorer in the Department of Pathology at Guy's. There seems to be no doubt that he would himself have been honoured with a Nobel Prize if he had not tragically died so young (they are never awarded posthumously). As far as we are aware this would have been the first Nobel prize to have been awarded to a member of the staff of the Hospital and School.

Memorial Service for Lord Brock

A Memorial Service for Lord Brock was held in the Cathedral and Collegiate Church of St. Saviour and St. Mary Overie, Southwark on Monday, 27th October, 1980.

The Lessons were read by the Reverend Hugh Marshall, Vicar of Wimbledon and by Sir Alan Parks, President of the Royal College of Surgeons. Sir Hedley Atkins gave the Address and the Blessing was read by the Very Reverend Harold Frankham.



Mr. R. H. F. Brain, Mr. A. K. Yates and Mr. D. N. Ross outside Southwark Cathedral after the Memorial Service

Miss Jennifer Ronaldson

The Metropolitan Police are appealing for assistance in their investigations into the murder of Miss Jennifer Anne Ronaldson, a student nurse at Guy's. She was age 19, 5ft. 6ins. tall with a slim build, fair hair, and a small mole on her right cheek. She may have been wearing a dark blue quilted jacket with towelling collar, a pale blue thin striped shirt, maroon sweater with a 'Mercedes Benz' emblem on the left breast, blue denim jeans and light brown moccasin shoes. She went missing after 2 p.m. on Sunday, October 26th.

The Police are interested in hearing from anybody who knew Miss Ronaldson, or who may have seen her since the afternoon of Sunday, 26th October. They are particularly interested in anybody who has met or seen her in or around Wapping, especially at the public houses: *'The Prospect of Whitby'* or the *'Town of Ramsgate'*.

If anyone has any information about Miss Ronaldson please telephone 01–488 6431. All information wil be treated as strictly confidential.

The *Gazette* extends its deepest sympathy to Miss Ronaldson's family and friends, and would remind its readers that information they may have could lead to the apprehension of the murderer and that delay could lead to another tragedy.

Student Medical Education Committee

The following students were elected as representatives on the S.M.E.C. for the 1980/81 session:

2nd & 3rd Year Clinical: Mr. A. P. Blight, Mr. J. R. Balazs, Mr. M. Powlson, Miss A. Stebbing.

1st Year Clinical: Mr T. R. Lancaster, Miss A. J. Barnicoat.
B.Sc.: Mr. R. S. J. Matthews.

2nd Year B.M.S.: Mr. N. A. R. Munro, Mr. S. J. Plint.

1st Year B.M.S.: Mr. C. D. M. Clemetson, Miss E. M. Melville.

At the inaugural meeting of the new committee Mr. Tim Lancaster was elected chairman, and Miss Angela Barnicoat was elected secretary,

407 Art Club

The next exhibition of the Art Club, with watercolours by Ann Harris and collages by Matteo Adinolfi, will take place from Monday, 26th to Friday, 30th January, 1981, in the Seminar Room, 17th floor, Guy's Tower.

This will be followed by a show of photographs by members of Guy's, from Monday 16th to Friday 20th March. Submission of photographs, black and white or colour, will be welcomed. The photographs, mounted on boards and properly labelled, should be given to Ms. P. Archer, Illustration Department, 17th floor, Guy's Tower (Ext. 2468) before 6th March 1981.

For further information please get in touch with any member of the 407 Committee.

Sir Alan Parks

Our heartiest congratulations to Sir Alan Parks on his recent appointment as President of the Royal College of Surgeons. Sir Alan qualified from Guy's in 1947.

Residents' Play

"Starwards—The Residents Strike Back" is the title of this year's Residents' Play. No doubt fully dosed with "Lymphosmash" (a hangover from last year), the Residents will be performing between Tuesday, December 16th and Thursday, December 18th at 8 o'clock in the Physiology Theatre.

Tickets have been on sale since December 8th so hurry to buy one.

Dr. Francis Juma

Our congratulations to Dr. Francis Juma (a postgraduate research fellow), on being awarded a Merck Foundation for two years to provide training for clinical pharmacologists in the USA. They are open to citizens of all countries except the USA and approximately four per year have been awarded since 1965. During that time only seven fellowships have been awarded to people from the UK and Francis Juma, who recently gained his PhD in Clinical Pharmacology, is the first native Kenyan to receive such an award. He will undertake his studies in tropical clinical pharmacology at the Johns Hopkins in Baltimore.

Guy's Hospital Physiotherapists Association

At a meeting in Shepherd's House on October 28th 1980 it was resolved that an association of physiotherapists trained at Guy's be constituted. Physiotherapists who were formerly life-members of the now defunct GHPRA should write to the Principal of the School of Physiotherapy if they wish to transfer their membership to the new Association if they have not already done so.

Department of Medicine Research Meeting

The Department of Medicine held their winter Research Meeting in the Tower Lecture Theatre on November 14th. Eleven papers were presented on current research being carried out in the departments. It is unfortunate that so many people were unable to attend the meeting (or to see only a very brief part of it), but it is hoped that the next meeting will be slightly modified to encourage a larger audience. The papers presented were:

1. Are immune complex diseases cell medicated?—An hypothesis *by G. Neild, K. Ivory and D. G. Williams.*
2. Competition for acetylation by substrates of N-acetyl transferase in man *by R. A. Ahmad and H. J. Rogers.*
3. Localising arrhythmias of the arterial ventricles *by P. Holt, P. Curry, A. K. Yates et al.*
4. Peripheral blood leucocyte steroid receptors and prostaglandin synthesis during exposure to zymosan *by S. Asad and L. J. S. Youlten.*
5. Effect of pancreatico-biliary diversion (PBD) on the small intestine and the pancreas in orally and parenterally fed rats *by B. M. Miazza, H. Levan, S. Vaja and R. H. Dowling.*

6. Pharmacokinetics of drugs in elderly patients *by P. Crome, D. Corless, R. Lewis et al.*
7. Purine and pyrimidine metabolites in Ornithine Transcarbamylase Deficiency *by D. R. Webster, H. A. Simmonds and D. M. O. Becroft.*
8. The Peak Nasal Flow meter and its use in nasal provocation testing *by L. J. S. Youlten.*
9. Studies of intestinal absorption using polyethylene glycol *by P. G. Jackson, R. W. Baker, J. Ferret and M. H. Lessof.*
10. Oestrogen receptors, sites of metastatic disease and survival in advanced breast cancer *by J. F. Stewart and R. D. Rubens.*
11. Respiratory arterial p CO_2 oscillations and the control of breathing in patients with chronic airflow obstruction *by J. G. Prior, G. M. Cochrane and C. B. Wolff.*

Seasonal advice

With Christmas approaching we thought it worthwhile bringing to our readers' attention the following work on obesity:

Polish doctors studying women attending a slimming clinic found the greatest weight losses occurred in the spring. Winter was the worst time. Seasonal changes in temperature had no direct influence, because patients stayed in the same temperature whatever the time of the year. It has been shown that animals eat more, and grow fatter, in cold weather, but these women received a standard diet. The doctors suggest that there may be seasonal changes in metabolic rates and release of heat by the body.

By Barbara Zahorska-Markiewicz, Silesian School of Medicine, Katowice, Poland. International Journal of Obesity, U.K. Vol. 4, No. 2, 1980.

Dates from the Dental Society

Tuesday, January 6th, 1981

CREATIVE PHOTOGRAPHY THE HARD WAY
Mr. M. L. V. Portelly, B.D.S.

Tuesday, January 20th, 1981

GUY'S AND OTHER PLACES
Professor D. J. Anderson, Ph.D., M.Sc., B.D.S.

Dates from the Medical Diary

DECEMBER

Fri. 12—*WINTER TERM ENDS.*

Mon. 15—Final Conjoint Examination begins.

Wed. 24
Thur. 25—CHRISTMAS DAY
Fri. 26 BOXING DAY
Mon. 29
} Medical School Office closed.

JANUARY, 1981

Thur. 1—Medical School Office closed.

Mon. 5—*SPRING TERM BEGINS.*
T. J. Evans Prize Essay title will be announced.

Mon. 19—Schedules for the Final Conjoint Examination in March must be left in the Medical School Office not later than this date.

Wed. 28—Entries close for the Michael Harris Prize in Anatomy.

Dates from the Dental Diary

DECEMBER

Fri. 12—*WINTER TERM ENDS.*

Wed 24—
Thur. 25—CHRISTMAS DAY
Fri. 26—BOXING DAY
Mon. 29—
} Medical School Office closed.

JANUARY, 1981

Thur 1—BANK HOLIDAY—Medical School Office closed.

Mon. 5—*STUDENTS BEGINNING THE CLINICAL PERIOD OF STUDY COMMENCE WORK.*

Mon. 5—*SPRING TERM BEGINS.*

Mon. 5—The T. J. Evans Prize Essay Title (open to all Medical and Dental Students) will be announced.

Mon. 19—Final L.D.S. Examination Part I begins.

Mon. 19—Entry forms for the Final L.D.S. Examination, Part II (Dental Prosthetics) (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

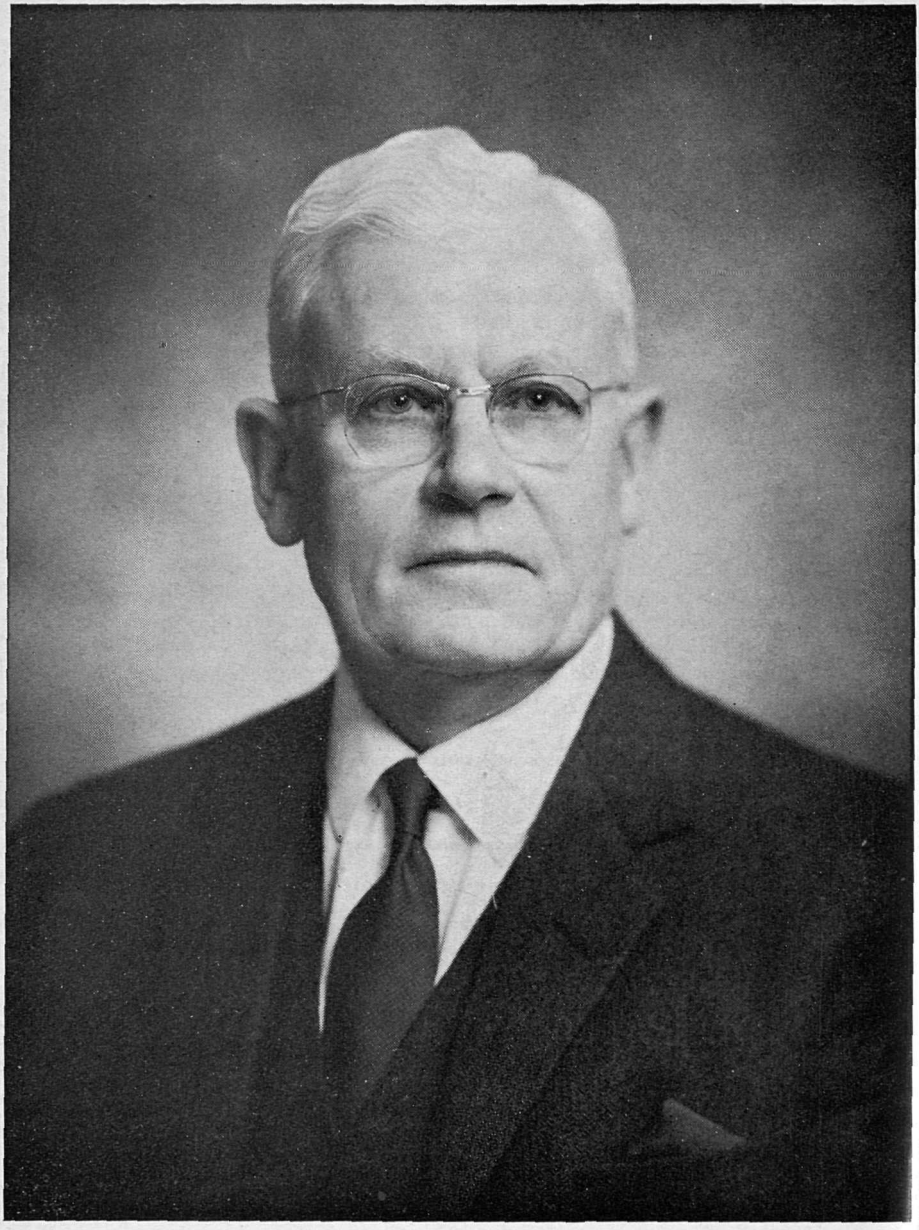
Tues. 27—Final L.D.S. Examination, Part III begins.

Obituary

Professor Walter Elmes Herbert

Professor Herbert, Emeritus Professor of Dental Surgery, University of London, died after a short illness at his home on 19th October 1980 at the age of 78.

He entered Guy's Hospital Dental School 60 years ago, qualified L.D.S. R.C.S.Eng. in 1925 and obtained the conjoint diploma in 1928; in 1948 he was awarded the F.D.S. R.C.S.Eng. In 1929 he was made the Guy's Travelling Dental Scholar and spent six months doing postgraduate work in Operative Dental Surgery at the North Western School in Chicago, the first of many overseas visits. On his return to Guy's he was appointed a demonstrator in Operative Dental Surgery for three sessions a week, the balance of the time being spent in private practice in Queen Anne Street. He was appointed Director of the Department of Conservative Dental Surgery in 1931, a post he held for 36 years. Promoted to a Readership in Conservative Dental Surgery in 1933, and made Professor of Dental Surgery in the University of London in 1938, he was one of the first dentists to be made a Professor by the University.



In 1944 he was appointed to the Consultant Staff as Assistant Dental Surgeon to Guy's Hospital and as Dental Surgeon in 1954.

His skills as an examiner were widely recognised and as well as examining in the University of London and the Royal College of Surgeons, he examined at various times in the Universities of Leeds, Sheffield, Durham, Edinburgh and Glasgow. In practical examinations at Guy's he had the uncanny ability of sorting out the standard of each candidate within a short time of the commencement of the test and at the end of the day his initial assessment was invariably correct.

Professor Herbert played a major part in the development of dental education in this country. He served for 20 years as Secretary of the Dental Education Advisory Council of the Dental Schools of Great Britain and Ireland; seven years as Secretary of the Board of Studies in Dentistry of London University and then Chairman of the Board for 4 years. He was a member of the Association of Dental Hospitals of Great Britain and Ireland for 21 years, and his wise, carefully considered advice to those bodies did much to raise the standards of teaching and practice.

He had considerable influence on the development of postgraduate education in London as he was the University of London representative on the Board of Governors of the Eastman Dental Hospital and served on the Committee of Management of the Institute of Dental Surgery for many years.

He had an active interest in the Odontological Society of the Royal Society of Medicine and was a regular attender until just before his last illness. He served on the Council for varying periods between 1937 and 1966 and was President in the session 1961–1962.

During his professional life he saw dramatic developments in dentistry which included such changes as occurred when the electric engine and later the turbine replaced the foot engine. He did much to popularise the operation of apicectomy in the early 30's for the treatment of periapical disease. In 1948 after a visit to Scandinavia he was largely instrumental in the introduction of lignocaine into this country which was a milestone in the development of local analgesia.

Professor Herbert was primarily responsible for the standard text on operative dentistry for many years. The first three editions were produced by the late J. B. Parfitt, then he helped with the fourth and fifth editions and was solely responsible for the sixth and seventh editions. The eighth edition was produced with the help of Mr. W. A. Vale. This book was widely used in many parts of the world and was a model of clarity and commonsense. He made many valuable contributions to the literature particularly on endodontics and tooth abnormalities. He was a perfectionist in everything he did, from always choosing the right word to meticulous preparation for meetings, especially those at which he was to officiate.

He commanded great esteem and affection from his junior staff and had a phenomenal memory for names of students. Even years after he had retired he could recall the names of those he met at dental meetings. Students treated him with immense respect and woe betide any who were late for an appointment to see a patient or failed to have

work ready on time. They were reminded in no uncertain terms that professional people did not behave in that manner.

His popularity with students was exemplified by his election on three occasions as President of the Dental Society—a record unequalled by any other member of the staff at Guy's. Since the announcement of his death the writer has received many messages from Guy's men expressing their sorrow often coupled with anecdotes of their student encounters with Professor Herbert. His quizzical sense of humour and wise teaching on his clinics will be remembered by countless members of the profession. Although perhaps he appeared remote at times, many will remember his generous hospitality at his home in Sutton and later in Grayshott.

His lasting memorial at Guy's will undoubtedly be the introduction of the Annual Clinical Meeting on the first Saturday in March. He started this in the early 30's and for many alumni it ensures an annual pilgrimage; some come for the demonstrations and lectures put on by members of staff, others come to meet their friends and others come for an annual inspection of the local hostelries. For whatever reason they return, the meeting of some five or six hundred Guy's dentists has ensured the perpetuation and continued development of the Guy's tradition of fellowship, which is the envy of so many schools. Whenever one is invited to address dental meetings there will always be those Guy's graduates who on saying goodbye conclude with "see you on Clinical Day".

Professor Herbert was very active in his "retirement". He was invited to go to Teheran as Visiting Professor for a year to teach in the new Dental School of the National University of Iran. It was typical of him that he elected to drive with his wife across Europe and the Middle East. His hair-raising adventures on the journey out did not deter him from making the return journey by car at the end of his appointment.

Until 1977 he was deeply involved in the affairs of the Medical Defence Union. He had served on the Council since 1954 and was instrumental in forming the Dental Advisory Committee in 1967 and was Chairman of that Committee, which later became the Dental Committee, until 1977. He played a star role in the M.D.U. film "The Siren" some of which was filmed in his home.

His chief hobby was gardening. He had a very beautiful garden in Grayshott, where he lived after his return from Teheran. His knowledge of horticulture was profound and he tended his garden with the same care that he devoted to his professional work. Until a short time ago he could be seen at regular intervals perched on a high plank on trestles cutting a large hedge and when last summer someone else had to do it, he wryly pointed out that the top wasn't horizontal! His joy and enthusiasm for the garden was shared by his devoted wife whom he married in 1933. When she was ill recently he was quietly proud to be able to do all the household jobs. They both enjoyed walking and climbing and in his younger days he was a keen mountaineer. He was a member of the Alpine Club and attended their meetings with great regularity, and for some years was President of the Guy's Mountaineering Club.

A Memorial Service held at Southwark Cathedral on 24th November, 1980 was attended by a large congregation including members of his family, past and present members of staff, representatives of many organisations with which he was connected and present day students paying their respects to a great Guy's man. The choir on this moving occasion was drawn from members of the Guy's community.

With the passing of Professor Herbert the dental profession has lost one of its most notable senior members and his many friends will wish to extend their deep sympathy to his widow and family.

A. H. R.

Some of this obituary has already been published in the *British Dental Journal* and the author thanks the Editor of the *B.D.J.* for giving permission to publish this in the *Gazette*.

William Eaden Morton

Bill Morton was born on May 21st, 1910 in Hartlepool and died after a short illness on September 8th, 1980. He was educated at St. Faith's, Cambridge and the King's School, Rochester and studied dentistry at Guy's Hospital Dental School, qualifying LDS, RCS in 1933.

He held House Surgeon posts under Arthur Bulleid and Herbert Malleson and then joined the practice of the writer in Devonshire Place, London as assistant in 1934 and partner in 1935. This partnership lasted until 1973—38 years of great friendship and professional relationship, mainly due to his good nature and loyal and sincere temperament, coupled with sound professional ability, much appreciated by his patients.

Bill had a distinguished war service in the Royal Navy from 1940 until 1945. The first three years were in the 1st Cruiser Squadron Northern Fleet aboard H.M.S. Berwick patrolling with the Arctic Convoy off Norway. He was promoted Surgeon Commander and transferred to the Fleet Air Arm at Lee on Solent until demobilisation. Bill returned to practice in Devonshire Place, London and continued there until he retired in November 1978, his partners then being David Glynn and Mike Setchell.

He was a past President of the American Dental Society of London and a member of the British Dental Association. He was also an active Mason and a keen golfer. Bill was a man loved by all who had the privilege of his friendship and his partners, colleagues and friends, both at home and abroad, mourn his passing.

With sadness I have to record that his wife Cynthia passed away on October 6th, just a month after Bill's death. Our sympathy goes to his four children, Anne, Christopher, Jill and Diana and his seven grandchildren and to his brother and sister.

G. H. L.

Eric John Crisp

Eric Crisp, Emeritus Consultant Physician in Physical Medicine, died at his home in Keston on 25th July, 1980 at the age of 85.

He was born in Little Bowden, Market Harborough on 27th June,

1895. His father was in general practice in Market Harborough having qualified at Guy's in 1886. His grandfather was also a doctor. He was educated at Oakham School and Sidney Sussex College, Cambridge. The first World War interrupted his education and he spent only two years at Cambridge instead of the customary three. He was commissioned in the Royal Naval Air Service and after the War returned to Guy's and qualified in 1920. He wished to specialise in ophthalmology and was about to take up the appointment of Opthalmic Registrar at Guy's when his father was taken ill after the 'flu epidemic and he was summoned to take over the practice for a week or two until a successor could be found. In the end he stayed eleven years and it was then that he began the study of posture and its relationship to musculo-skeletal ailments on which he was to spend the greater part of his working life.

My first memory of my uncle is in the autumn of 1933 when I had been boarded with Grandmother Crisp in Worthing. She was an ex-Guy's nurse with a ramrod back and very firm views on the upbringing of small boys: these were imposed on my uncle only less stringently than on myself. His visits at that time were from London, where he was living in Coney's flat, working with Mr. Lambrinudi and beginning to find his way in a consulting practice in New Cavendish Street.

During the second World War he was with E.M.S. at Orpington Hospital and when occasionally visiting us in Dorset always appeared to me a larger than life figure, with a built in guarantee that things would be rather livelier when he was around. I can understand better now than I did then the distress caused by his leaving the Market Harborough practice in 1935 to return to Guy's.

He was in himself fortunate in many of his gifts. At Cambridge he played Rugby at County level and left before completing his degree to fly with the Royal Naval Air Service. He served on the Ark Royal in Salonika and survived both the risks of flying and malaria. (He became thereafter very bald, and earned himself the Guy's name of "Charlie", a resemblance being noted to a then topical and infamous murderer). At Guy's after the First War he kept wicket for the XI and played full-back for the A and the Hospital XV at a time when an international three-quarter was unable to find a place in the side and most of the pack spoke Afrikaans.

I think knowing him later as a student and guest at his house, the particular thing about him was his panache. Whatever task he took on was always elevated into an exercise of enthusiasm, whether it was the rehabilitation of a particularly resistant patient with insistent lumbago, or the laying of four tons of concrete and hard core for a garage base.

His wife and he, in their garden at Keston not only laboured mightily, many of us do that, but also with much skill and were always happy to entertain their many Guy's friends. He was fortunate to live long enough to see his son through Guy's and his appointment as a Consultant. At the end he was fortunate in the devoted care of both his wife Nancy and his son and his Guy's G.P. He was fortunate in the relative brevity of his final illness and when leaving life he did so with his mind and faculties preserved and at peace.

J. C. C. K.

Benjamin Martinius Heap

News of the death of Ben Heap on 24th April, 1980 will have come as a shock to his many friends at Guy's. He was one of those unfailingly good-humoured, confident men who at once inspire confidence in others, and whom one expects, somehow, to go on forever.

Benjamin Martinius Heap was born on 29th April, 1913, son of a successful north-country industrialist. He was educated at Manchester Grammar School where his talent for football was quickly recognised, and he then seemed set for a career in industry. But he came under the influence of Dr. R. E. Lane, Medical Officer to his father's firm and, incidentally, a Guy's man and decided to become a doctor. His training was started at Selwyn College, Cambridge (where he became Captain of Soccer), and, in 1936, he came to Guy's. Entries in the *Gazette* for that year show that his reputation as a footballer had preceded him, and he was welcomed into the Hospital team with enthusiasm. The following year he was Vice-Captain and, the next, Captain. In 1939 he "got his Conjoint" and in 1942 his M.B.

Meanwhile, in the best tradition, he had in 1939 become engaged to Sister Naaman—Betty Griffith—who had entered Guy's in 1928 as a "Junior Pro", moving in 1934 to the Tite Street Children's Hospital where she was Night Sister until her return to Guy's first as Sister in the newly-opened Nuffield House in 1935, then in Naaman. In 1942 they were married in Southwark Cathedral by the Guy's Chaplain, Rev. Duckett, with Noel Glover as best man and with Maurice Campbell giving the bride away.

In 1939 Ben had been appointed H.S. on the Davies-Colley firm at the Guy's Sector Hospital at Farnborough: an appointment as Resident Anaesthetist at Preston Hall, Aylesford and another in the Blood Transfusion Unit followed. He volunteered for the R.A.F. and, after a period of training at Henlow, he was attached to the No. 1 Fighter Squadron where he served until in 1944 he was sent to the R.A.F. Blood Transfusion Unit at Nottingham University. It was at this time that Betty again returned to Guy's—this time for the birth of their daughter Sue, in Victoria Ward.

In 1945 Ben was demobilised, and in 1946 he settled in General Practice in Watford, where he remained professionally active until seven months before his death. He will be sadly missed.

Clubs' Union News

With great difficulty, I cleared a square foot in the Union office to write this article. Battered disco speakers, assorted loops of cable, sacks spilling posters and expanded polystyrene litter the floor; boxes dripping tinsel, loose drawing pins, reels of sticky tape and film cover the desk tops. There is a mysterious tangle of barbed wire sitting menacingly on a filing cabinet; an eight foot, sponge triffid nods sagely in the breeze from the swing doors.

It was the SNOWFLAKE BALL last night (and this morning); Roger Matthews did a splendid job and his indefatigable hard work was reflected in the obvious enjoyment of 450 people. The fact that all this rubbish is in the office rather than spread over Boland House is a tribute to those heroes who helped clear up. Half of those heroes were Physiotherapy students; thank you very much. Roger's account of this excellent event is in this issue.

On Monday, 10th November, the Dean addressed the students to inform them of the situation with regard to the deliberations following the Flowers Report. He gave a resumé of the events of the last nine months and stated that consultations with St. Thomas's Hospital were under way with the aim of forming a joint medical school. The initial plans were that undergraduate education should continue as before under a joint Board of Governors; it was not envisaged that students should commute between the Hospitals.

Both groups of students would have much to benefit from this arrangement and further plans are eagerly awaited.

A less topical item is that the Club budgets have now been allocated for the coming year. Clubs are reminded that the Clubs' Union does not provide money for tours and they are very welcome to hold fund-raising events in Boland House.

Best wishes for Christmas and 1981.

Deb Brooke.

The Snowflake Ball

With the first snow of the year falling on the 28th November, the stage was set for what was to be an immensely successful Snowflake Ball. As usual, the venue was a transformed Boland House which this year was decorated in accordance with the theme of Science Fiction. The foyer housed this year's star attraction, an 8ft. hydraulic triffid kindly on loan from the B.B.C., whilst other rooms were decorated with posters (many painted by students) and suitably festive decorations.

The afternoon's organisation was very nearly eclipsed by the fortuitously early arrival of this year's main band—Budgie. Nobody could believe that two 3-ton truck loads of equipment could fit in the Ballroom yet within two hours 5,000 watts worth of music power had been off-loaded through our kitchen windows and safely installed in the Ballroom. Frantic phone calls to their record company solved the problem of providing extra bouncers as their appearance had somehow been advertised in the *New Musical Express*.

Catering problems, however, continued to cause large headaches as only half a dozen people turned up to do any cooking. But, not to be deterred, this workforce was determined to serve over 500 meals and by the end of the evening their objective had been reached. My particular thanks are directed at those who helped make this possible. This year's menu (for those that couldn't tell in the dim candlelight) was: smoked mackerel paté and salad; chicken breast in a lemon cream and mushroom sauce, saffron rice and peas; cherry cheesecake,

followed by coffee and mints upstairs. Musical entertainment was provided during the dinner by the Wilf Treasure Ensemble and travelling piano.

After the meal guests had a choice of music to listen to provided by "Budgie", "Big Chief", "Brownsville Banned", "Tony Lee Trio and guests", "Four Minute Warning", "Flexitunes" and the "Rainbow Disco" (formerly "Powerhouse"). For those with excess nocturnal stamina two films were provided and well attended—"Alien" and "Race For Your Life Charlie Brown". And so the Ball successfully finished at 6.00 a.m.

I would like to thank all those that helped, the artists, chefs, waiters and waitresses, decorators, bar staff, band organisers and especially those that did such a superb job clearing up. Also special thanks are extended to Mr. Bompas (problem solver), Mr. Day (Bar), Miss Redsall (kitchen), Mr. Wheeler (for preserving the fabric of the building), Mr. Fendick (Accounts), Mr. Brown (Porter) and Mr. Coleman (Electrician).

R. S. J. Matthews.

Union with St. Thomas's

Guy's men will wish to know at once of the decision taken by the Governing Bodies of Guy's and St. Thomas's to unite the two Medical Schools under the name of the United Medical Schools of Guy's and St. Thomas's Hospitals. Such a union requires the approval of the Senate of the University of London and this has been sought.

Increased costs and diminished financial resources have put some London Medical Schools at risk and there is likely to be a further cutback in the foreseeable future. Decisions which were to have been taken by the University last July were postponed until early November and have now been further postponed until mid-February so that there is much uncertainty about the future. Meanwhile the Flowers Working Party and the Joint Planning Committee of the University Court and Senate have both recommended that Guy's and St. Thomas's should become Joint Schools—that is Schools which are to work together to ultimate union—and the University Senate, while deferring any final decision, has encouraged Schools which have expressed their willingness to become Joint Schools to do so as quickly as possible. Guy's and St. Thomas's believe that it is in everyone's best interests to do this and that it is best to go the whole way to union at a stroke, with a single Governing Body, and a single Academic Board, and a two House system for the students so that Guy's and St. Thomas's may each keep their identity within the new institution, and students may seek admission to one or the other.

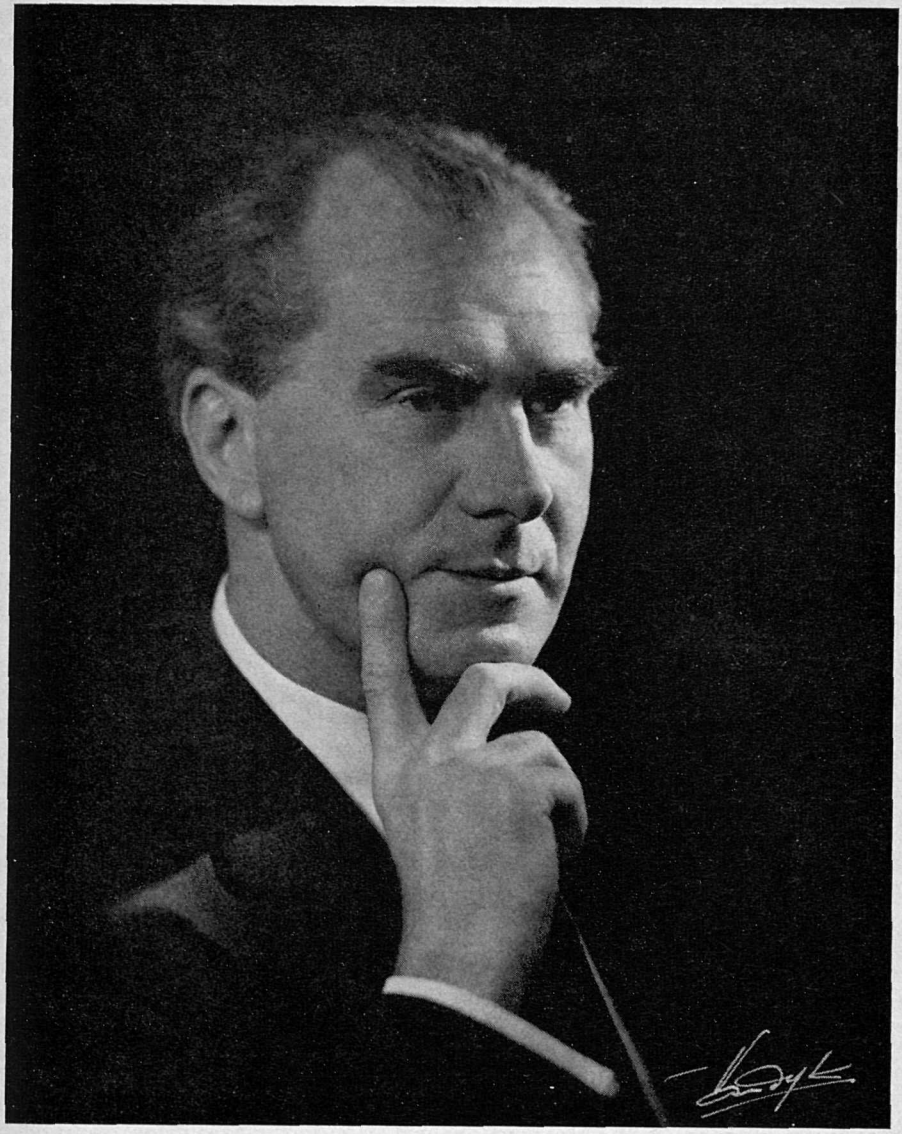
There is much work to be done to achieve union within two years or less, but both Schools believe that this is a target which can be readily met.

J. C. Houston,
Dean.

Interview

Gazette: *Professor Warwick, could you give us a brief outline of your career?*

Prof. Warwick: While in the classical sixth form at school I was put into hospital by a football injury. During a stay of several weeks I was so attracted by the atmosphere of the place that on return to school I disappointed my masters, who had scholarship hopes of me, and pleased my father by switching towards medicine instead of the donnish career which otherwise undoubtedly awaited me. Though not a particularly efficient undergraduate I did become president of the student society, edited the Manchester Medical School Gazette, and took one or two prizes, the most significant being in physiology—*not* anatomy. Qualified, I did the usual ill-paid resident jobs, a time which was nevertheless one of the happiest periods of my life. After only 15 months of this the 1939–45 War arrived. Volunteering for all three services I was accepted into the Royal Naval Volunteer Reserve and passed the whole of the war as Surgeon Lieutenant. I had a very mixed experience in ships and hospitals, but the most interesting spell was a year in the Persian Gulf towards the end of the war. Somewhat ill-occupied by service duties, I attached myself to the ophthalmologist in the oil-refinery hospital at Abadan. This department was very busy, trachoma being endemic in the area; and while I did not develop an abiding attachment to the speciality, I found the eye and vision fascinating. I had, however, to think of peace-time occupation, and on leaving the navy I attended a short course at Moorfields Eye Hospital, a place which I did not enjoy; the atmosphere seemed to me too narrow, rather complacent, and not without conceit. However, preparation for a necessary examination pushed me towards the anatomy and physiology of the visual apparatus and the significance of vision in evolution. If obliged to go into clinical work I considered the F.R.C.S. qualification necessary, and in preparing for the Primary Examination I took the usual course of looking for a demonstratorship. Having tried Oxford and Cambridge and other places without success, I looked for advice in my own school, where the professor of anatomy was the famous (and sometimes notorious) Frederic Wood Jones, who told me not to be a fool. So I went to the Royal Free (where Wood Jones had once professed) to meet Professor Mary Lucas Keene, who gave me much the same advice but with much more charm. I could not, they said, catch up on six lost years in the academic field. Two weeks later Wood Jones telegraphed a vacancy to me; I took it with alacrity and much future profit, staying in Manchester for the next ten years, during which I not only carried out some fairly successful research but also experienced an extraordinary variety of intra- and extra-mural teaching. The former earned me a most desirable distinction, the triennial Symington Award of the Anatomical Society—desirable because most of those who achieved it ended in a 'chair'. Vacancies at Edinburgh and Sydney eluded me, but in 1955, a mere decade after the war, Guy's did me the honour of selecting me, a humble lecturer, from a row of readers, an



event of prime importance for me, because the ensuing 25 years have been the most exciting, pleasant, and productive period in my life. The department at Guy's was then indeed somewhat backward and its accommodation in places truly horrible; but then I enjoy building things up. The staff was too small, but very loyal and energetic; as the numbers increased so did my friendships. I will not dwell here on the many developments in the department, such as electron microscopy, closed-circuit television, Honours B.Sc. and Ph.D. courses, in all of which the human factor was the most exciting element, leaving me with affectionate memories of hundreds of young people. I have always admired the intake of students at Guy's for its unprejudiced and cosmopolitan breadth. One year I noted over thirty nationalities in the dissecting-room, and there are still very many there. One of the biggest influences in all my life has been the effect of students on me, though they have not often realized it!

Gazette: *So you could just as easily have ended up as a professor of physiology?*

Prof. Warwick: Yes, and I find the question most pertinent, for in fact I dislike being dubbed merely an anatomist. Indeed, I dislike such labels altogether, because I do not really believe in 'subjects'. As Charles Singer once wrote, "There are no such things as subjects, there only minds", a dictum which appeals greatly to me.

Gazette: *Would you like to comment on the continual emergence and growth of sub-specialities as demonstrated in all the preclinical sciences? Do you think it could have a detrimental effect on teaching?*

Prof. Warwick: Yes, I do, for a number of reasons, though I think that you should recognize that the same fractionation is as rife in the clinical field and indeed at large, for it has always been easier to be deeply dug in on a small plot. I believe that the tendency puts a great and unnecessary burden on the student, presenting him, in the multiplication of examinable 'subjects', with an increasing number of 'hurdles' to surmount in what is in fact *one* 'race', though we largely fail to inform him that this is so—that knowledge is a continuum. In other words, he is not much helped to integrate his knowledge. Nor are we teachers, for the same tendency separates us even further. In my opinion the less subjects we recognize in formal terms the easier it is to achieve and maintain so-called integration, by which we mean cohesion. Apart from this, there are other future dangers. For example, the older, established, 'main' subjects, including anatomy, have in the necessary development of their own discipline as a science sometimes tended away from medical application. We have now swung somewhat violently back from this, and probably already too far. Nowadays almost everyone appears to be running around in symposial circles demanding 'relevance' in any form of theoretical instruction, though they are rarely able to define what they intend, except by widespread and sometimes alarming amputations. As a result some fields of teaching will be skimped too far into a disjointed patchwork of mere instruction. This degradation has indeed been reached in places; I consider that anatomy has already reached dangerous shoals. I am astonished that our students, in the small exposure given to them, do so well and without much complaint; but they do need more time to acquire an adequate

and reliable familiarity with the human body. And, we must ourselves remember, all living change takes place in structures—all growth, all function, all disease, all injury.

Gazette: *You see a danger in the new preclinical course of students compartmentalizing their thoughts?*

Prof. Warwick: Yes, but it is an old danger and, again, it is just as much a problem at the clinical level. It is not the fault of the student; he is the victim. If the teachers are integrated in their interdisciplinary thinking then their subjects will merge; but this is a very high and difficult ideal to achieve, and the demands on the teaching body are much augmented by it. Its achievement depends not only upon considerable resources in time and manpower but also upon an enlightened conviction and breadth of interest which we cannot expect to find in everyone. I wish I were beginning all over again, for I would more resolutely set myself the task of building bridges of all kinds between so-called departments and subjects, even to the point in some instances of reversing history by complete re-combination, as, for example, in the case of anatomy and physiology, although we more naturally merge with biochemistry at the level of ultimate structural detail. In the immediate past 'subjects' have become rather too sacrosanct as 'disciplines', separated from each other and often abstracted from ultimate usefulness. This is primarily true of the *teaching* aspect of the sciences; in research the barriers are more often ignored, and discoveries often lead to some form of practical application. However, in pressing towards relevance, integration, application—call it what you will—we can also err. Let me give you an illustration, from the inroads of 'clinical' teaching into the preclinical period—a desirable 'carrot' for all the donkeys concerned, if used intelligently. Derived many years ago from a course of lecture-demonstrations in applied physiology, a broader weekly occasion was instituted in the Medical School, the idea being to demonstrate how *all* the preclinical disciplines might be applied in particular clinical contexts—usually an individual patient. These earlier attempts at 'vertical' and 'horizontal' integration were the most exciting, educative, and indeed delightful teaching episodes that I have ever experienced in this school. Equally popular with students and staff, they were usually attended by 20 or 30 appropriate teachers, and student absenteeism was infinitesimal. All joined in with very free-ranging discussion, and few could have gone away without some fresh enlightenment and even inspiration. Clinical staff were of course essential and appeared in great variety, together with nursing staff, radiographers, physiotherapists, almoners, even porters, for some of the patients were in bed and much equipment was often imported. Nobody thought that any effort was too much for these Friday afternoon 'teach-ins'; they were much too enjoyable—and why should one not enjoy learning. But with the arrival of a new preclinical curriculum the whole exercise was thrust upon the professors of medicine and surgery, perhaps in a misjudged attempt to give the course a great professionalism. It did, but most of the invaluable enthusiasm faded away. From being occasions which excited everyone on to their toes, to be as logical and scientific as possible in applying knowledge from all sources appropriate to a particular patient's problems, they drifted into what I would describe as merely medical occasions. My own interest finally died

when this originally stimulating course became an 'examinable subject' in an already over-examined curriculum. Thus was largely lost a source of great inspiration to students and staff in a joint endeavour at real integration.

Gazette: *What views do you have on the present generation of students, and do you think that they differ from, for instance, your own generation?*

Prof. Warwick: The differences are few and slight and they are mostly in favour of the modern students. Of course, they are more conscious of money than we were, but the society in which we all live today is more obviously competitive, and we are all more socially indoctrinated than ever before. (I sometimes wish that little Latin word 'socius' had not been imported into our language; in all its endless permutations it is pushed down our throats to an almost *unsociable* extent these days). As a result I do believe that students now apply themselves more assiduously and certainly with more organization (towards exams) than I did; they never seem to have much spare time for anything else. They are undoubtedly kinder to their teachers. They may not always have quite the same superficial manners and style of the past; but if you look deeper than the rough accents, discourteous salutations, and affectedly dreadful clothes, you find that real manners are better now than they were. By real manners I mean concern and consideration for others, in other words being kind, and in this our students impress me much. But you must not expect much consideration on the sidewalk or in doorways!

Gazette: *Over the last few years there has been a great increase in the numbers of women coming into medicine and dentistry. What effect do you think this could have on these professions?*

Prof. Warwick: I welcome the invasion, of course, as does any intelligent male. It makes women more interesting, it enriches our domestic and social life; I cannot believe that it will damage our professions or others. But I cannot subscribe to the idiocy of "unisex". I believe it was Voronoff who said that *a man is a human being with a pair of gonads attached, whereas a woman is a pair of gonads with a human being attached!* There is some physiological and biological wisdom in this gross exaggeration. The burden of reproduction lies chiefly with the female, though there are of course other burdens in sustaining the family unit. Therefore roles must differ in such groups, though in a most variable way. You cannot expect the sexes to be identical. Nevertheless men and women are all basically human beings, amongst whom there is a great variety of mental and physical potential. The freer entry of women into medicine, and indeed many other callings, may in one particular do much good. They are less lazy than men. In my own experience, and at all stages of my life, some of the strongest characters and the most intellectual and amusing personalities have been as often women as men; in fact, their sex does not seem to matter. I am sure that one tends to encounter the extremes amongst men; certainly the worst and best students are more often male, but in both distinctions both sexes have their stars. I have, however, one doubt about current trends. In our almost obsessional pursuit of egalitarianism, to be *fair* at all costs to all people (especially those most demanding of it!), we may become quite *unfair* to the previously "over-privileged".

So much anti-discrimination has emerged in my life-time: if you are black or coloured, female or young, unemployed or unemployable, "handicapped", "disadvantaged", "under-privileged" or even homosexual, you can nowadays depend upon considerable social advantage or, at least, almost disproportionate attention (for words are cheaper than gifts, though the latter are not lacking). I am beginning to wonder whether we shall not ultimately require protective legislation for the average adult male work-"person", whose earning capacity (and hence taxability) does in truth still provide most of the nation's prosperity, without which support the whole topheavy edifice of charity, restricted benefits, and so-called "fairness" would topple, a danger becoming ever more obvious in our perhaps over-socialized community. No one can live on tick except at someone's else's expense; elementary school physics and chemistry ought to have taught us all the truth of this, perhaps especially the politicians! To be male, adult and "white", wage-earning, able-bodied and heterosexual is becoming almost disadvantageous! The "disadvantaged" male already must wait longer for his pension than the female—"over-privileged" in this, for she will usually outlive him by a decade. Double "disadvantage" indeed, poor man! So, while I do most seriously welcome the so-called liberation of women, because it makes life better for all of us, I equally seriously foresee a time when the claims of the down-trodden healthy male adult worker will need revision. Anyway, as the French Chamber of Deputies are reputed to have voted: Vive la différence! And I most certainly do not intend ever to indulge in the gobbledegook of "work-persons", "chair-people", and the like.

Gazette: *It has been said that science is either well-written or downrightly badly written. Are you sympathetic to the view that scientific writing should be intelligible to the layman?*

Prof. Warwick: Why pick on science? Has not everything been done badly and well. All writing should be intelligible if it is to serve its purpose, though the audience may be designedly select or general. What is a layman, and should he be more intelligent than he usually is, even in respect of his native tongue? Of course, I recognize that much scientific writing is wrapped up in technical jargon, and many texts display an artificially detached and uninteresting style, but no more so than is the case in much writing around arts and crafts. I expect that if you are really interested in any subject you can cleave a way through bad writing to find what you want. With all due recognition of their professionalism, the posturing popularizers who present their great series on television and other mass media may well seem eloquent, but does their easy flow of words convey much more than banal simplicities? Naturally almost anyone who can respond to the myriad wonders of this World wishes to impart their enthusiasm to others; that is the basis of being a teacher, and your question is therefore most germane to teaching. But so much more is required in the process of educational communication than the expertise of professional writers. I would always prefer the author who, though perhaps a little awkward in expression at times, is in reality a great and knowledgeable enthusiast, rather than some smooth "professional" who is a cinch for a television series, highly eloquent in passing on a comparatively simple script, prepared of course by others, but of little depth in knowledge of his subject.

Gazette: *Professor Jeffrey Osborne, until recently in charge of the Unit of Dental Anatomy in your department, once commented: "Before starting any research I would advise a newcomer not to read too much, because if he does he will probably limit his own imagination." What advice would you give?*

Prof. Warwick: Well, there is a spark of truth in those words, but what do they really mean. What is too much? When does a little knowledge become a dangerous thing? Surely the more one knows about any subject the more clearly you recognize its gaps and errors, which you hope to improve by your research. If you are a real intelligence, others will not unduly influence you; but you cannot isolate yourself entirely from what others have accomplished. It is almost impossible to follow any line of research without some knowledge of the field; and almost all research is inevitably based upon previous work. The Greeks had a word for things and people unrelated to others: they called them idiotic!

Gazette: *We were talking earlier about comprehensibility in scientific writing. This brings us aptly to Gray's Anatomy, which you and Professor Peter Williams have edited for over 12 years and through two editions. Have you enjoyed this job, and do you think it has helped to knit together your department? Has it not been very much a team effort?*

Prof. Warwick: Answering your multiple question in reverse, Yes, it has been a team effort, but the department was most coherent before the advent of Gray. I have enjoyed the work as much as any other experience in my whole life. Incidentally you spoke earlier of dull writing, and I must admit that I was not enthusiastic about Gray's Anatomy as a younger man for that very reason. I thought it an uninspiring book, while admiring the immense scholarship which it represented. Thus it was a stimulating opportunity when the editorship was offered to Professor Williams and myself. Neither of us is much interested in structure *per se,* but rather in the significance of structure in the working of the living organism. With this outlook we brought about what I believe can be justly described as a metamorphosis of the book. But even after two editions, much remains to be done, especially in simplification and clarification of the text. We are already working on a third edition together, and I have recently been re-reading a section on the osteology of the skull, which occupies about 100 pages; I find that I can reduce the number of words by about one-third and yet make the text more palatable and interesting, and without any factual loss.

Gazette: *What benefit do you think that producing Gray's Anatomy has for Guy's and its preclinical teaching?*

Prof. Warwick: Well, think of the prestige alone. It is such an extraordinary book, probably better known than any other in the entire field of international medicine—in fact, perhaps more widely known than any other current textbook in the sciences at large. It has a history of continuous revision since 1858 and a wide international circulation, which we have almost quadrupled in the last two editions. The 35th (1973) edition went through three printings and sold almost 200,000 copies. *Roget's Thesaurus,* also published by Longmans, started life six years before Gray, and it must have circulated very widely through

its five editions. But I cannot think of any book in the medical field, in any language, which has enjoyed the lengthy and prolific life of Henry Gray's remarkable volume, now in its 36th edition. I am hoping to be able to collect together enough material to write a small book about this remarkable man and *his* book.

Gazette: *I see that the 36th edition is now published. What changes have been made?*

Prof. Warwick: It's impossible to summarise. The changes from the 34th to 35th editions were enormous. Volumetrically the changes in the 36th edition are almost as great, and it contains about 20% more text than its predecessor (without change in weight!). The greatest improvements have been in embryology, cytology, histology, endocrinology, and in the descriptive and functional account of the heart; but innumerable smaller changes have been injected everywhere to keep the book in its role as the most up-to-date of all anatomical texts anywhere in the world. Great contributions to this edition have been made by Dr. Mary Dyson and Dr. Laurie Bannister, with whom both the editors have enjoyed most stimulating and pleasant collaboration.

Gazette: *I suppose you are going to be committed to Gray's Anatomy for some time yet, but what other pursuits will you have now that you have a little more available time—for instance, I know that you are interested in Lepidoptera?*

Prof. Warwick: Yes, I love butterflies, aesthetically rather than scientifically, and I am sure that I and my wife, who shares my mania, will try to see them in many more of their exotic and beautiful haunts. I hope I shall have time to listen to more music; I regret that I am not an active executant. I am also interested in communication in all sorts of ways, which is perhaps why I am the Hon. Secretary of an organization, the International Anatomical Nomenclature Committee, which attempts to regularize anatomical terminology. I have always been interested in radio communication, though not as a constructor, except that I am greatly fascinated by the design of aerial systems. If, as we expect, we now move into a more rural region, I hope to acquire enough land to produce what is called amongst the addicts a modest "aerial farm".

Gazette: *If you were in a position to find yourself, with your present experience, at the start of your career, would you follow the same course?*

Prof. Warwick: Very hard to answer. I am profoundly grateful to many different people who have provided the help, and the accidents, which have brought me into a biological field, for there can be no better or more interesting study in life than the study of life itself; and because I am fascinated by healthy machinery, rather than its disturbances, I would not, were I to start again, choose the clinical field. But thinking on a wider scale, I would very much like to have had a career in music, and if I had been born into a musical family I do not believe I could have avoided it. Strangely enough, I am also much attracted by some aspects of engineering. My father was an engineer of sorts, but he was delighted when I side-stepped into medicine.

Gazette: *Professor Warwick, on behalf of the Gazette and our many readers, may we wish you a long and happy retirement. Thank you.*

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The Bloomfield Clinic and Learning Centre

by Our Special Correspondent

The Bloomfield Clinic and Learning Centre was officially opened by Lord Robens, Chairman of the Board of Governors, on the 19th of November. The new building, on the Great Maze Pond facing the Outpatient Department, houses the Department of Child and Adolescent Psychiatry, including the multi-disciplinary learning centre which had been run since 1974 in temporary accommodation. The new clinic has the advantages of bringing all members of the Clinic team under the one roof, with much more extensive facilities available to the children, to the teachers, and for training and research into emotional and learning disorders in childhood.

The Department of Child and Adolescent Psychiatry was first established in 1928, when it formed part of Neurological Outpatients. Shortly thereafter it was incorporated into the Adult Psychiatry Clinic, but in 1931 it achieved separate status. It thus became the first Child Guidance Clinic in the country to be attached to a teaching hospital. The Department is one of the largest in the country, and offers both a comprehensive psychiatric service to local children, and a specialist centre for children referred from outside London. It is now headed by Dr. J. B. Pearce, who was appointed in 1975, and who now works with three other consultant child psychiatrists, two senior registrars, and other doctors, psychologists, teachers and social workers, as well as the staff of Hector Cameron, the specialised child psychiatric ward.

Above: Dr. Vaughan, Lord Robens, Mr. & Mrs. Bloomfield and Mr. Orchard-Lisle at the unveiling.

In his speech before unveiling a commemorative plaque, Lord Robens referred to his pleasure in seeing another addition to the facilities of the Hospital. The new building is, Lord Robens said, not only a tribute to the great generosity of Mr. and Mrs. Instone Bloomfield, but also to the great personal interest which they have maintained in the Hospital over the years. Furthermore, such an achievement requires great dedication and expertise on the staff, and, he said, the work of Dr. Gerald Vaughan from his appointment to the department in 1958 to his ministerial appointment in 1979 showed both, in spite of many commitments. The vision of Mr. and Mrs. Bloomfield and Dr. Vaughan over the years was now a fact: a brick and mortar addition to a great hospital, which will provide a greatly extended service to the children and the Hospital not just for now, but for many years to come.

Just before the unveiling Lord Robens added that he had been talking to Sir Max Aitken (chairman of the Beaverbrook Trust) that morning, and had been promised £10,000 to help towards the provision of a new children's playground and other recreational facilities.

Dr. Vaughan replied briefly on behalf of Mr. and Mrs. Bloomfield and himself, and the visitors were then taken on guided tours of the new building, followed by a reception.

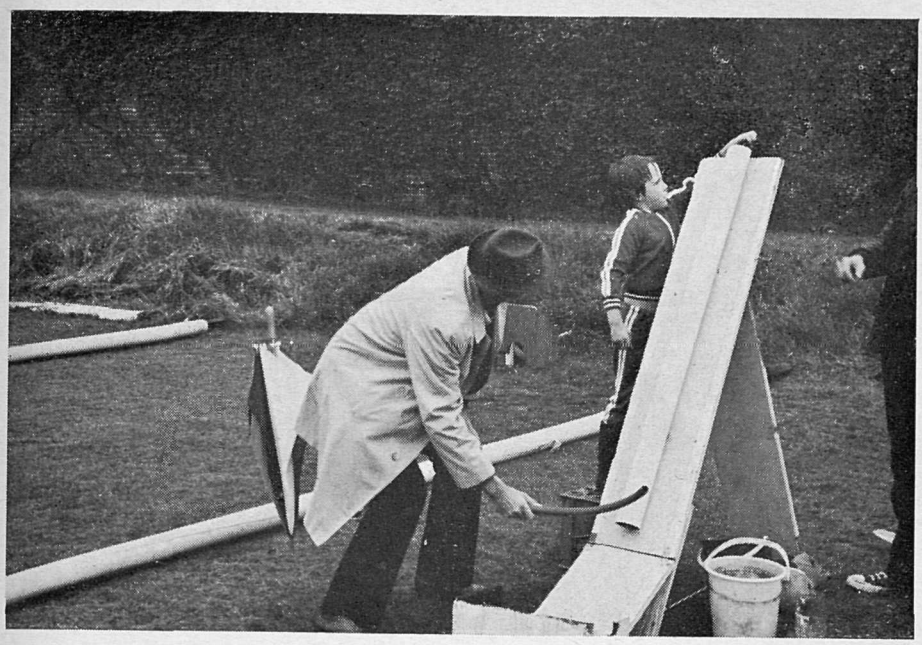
The Gazette Caption Competition, 1980

by the Editorial Staff

The caption competition has resulted in a variable response—and, as always in such events, it is undeniable that the most amusing of these are often those which we feel unable to print. Nevertheless, the editors have enjoyed the process of selection, and urge readers to continue their submissions when the series resumes next year.

In July (p. 231) the competition opened—with the statement that "the Chairman of the *Gazette* Committee offers a prize for the best . . .". Those who recognised the older "boy" were correct in realising that this reckless statement may not have been entirely true: he was, of course, Dr. George Scott, who amongst many other things is the chairman in question! (And was, fortunately, on holiday during the July proofing sessions: he is not on holiday now, so be prepared for a blank space!)

This picture probably met with the best response, even excluding the inevitable cracks about raincoats, clean or otherwise. Dr. Hughes from Wordley, Berks. (*Gazette*, p. 301) obviously recognised one possible medical reason for the compromising position when he prescribed *"elastic hose, two-way stretch, thigh length"*. Other people suggested other possible medical reasons, but these, though highly imaginative, belong in the unpublishable category. A student on Dr. Scott's firm submitted *"Then you do the Hokey Cokey and you shake it all about"* —but for some reason prefers to remain anonymous. Irreverence was not, however, limited entirely to students (nor was the wish to remain anonymous!). A near contemporary, noting the ubiquitous golf umbrella, suggested *"George demonstrating his putting"*, and another submitted *"If it hadn't hit the wicket, it would've gone for four"*.



Above: "July", Below: "August"

The August picture (p. 279) met with a worse response—probably because Professor Rowe had made three good suggestions in: *Is this a flower pot?; A reunion at last;* and *The start of the new Lister School?* The comments were of a mainly jingoistic, and often obscene nature, although the one of which we were most fond (notwithstanding the Dean's message on p. 421) is the simple descriptive statement *"A load of rubbish"*.

September (p. 318) saw Dr. M. C. E. Hutchinson captured during the Sports' Day Marathon. Noting this last word, Mr. Eric Loomes suggested *"It's the* nutty *bar with the* soft *chewy centre"*. A senior member of the Anatomy staff submitted *"Sometimes you just have to mouth breathe"*—although he remained reticent as to the other occasions. He also suggested that Dr. Hutchinson might have been giving a tutorial on the run *"The attachments of the diaphragm are . . ."*, but our photographer assures us that these were not his precise words at the time.

October (p. 367) saw the Clubs' Union President Miss D. B. M. Brooke—and, perhaps inevitably, gave rise to a less subtle tone in the submissions (even if this may have seemed impossible beforehand). A colleague on the Clubs' Union Council suggested *"And all because the lady loves . . ."*, whilst a former editor of the *Gazette* alluded to the superiority of a certain brand of tea.

We leave you with a rare picture of Mr. D. G. Bompas, the School Secretary, although this time we take the liberty of supplying the caption . . .

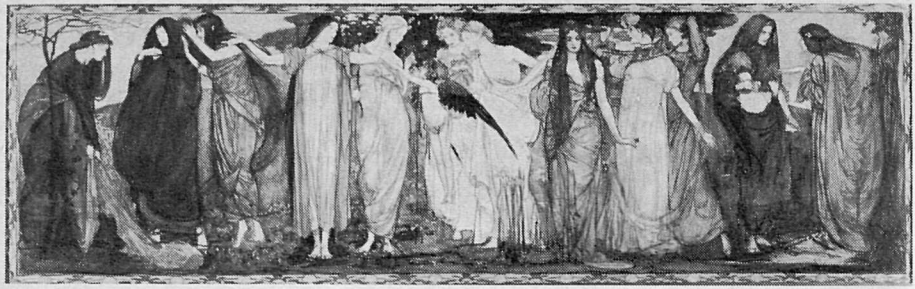
The acceptable face of capitalism?

Florence and Ernest Shepard Exhibition

by D. G. Bompas

Early in October the 407 Art Club held an exhibition of the paintings and drawings of Florence Shepard, who died in middle age in 1927, and of her husband Ernest Shepard, who died aged 96 in 1976. It might be said that the exhibition was a year late, as 1979 was the 75th anniversary of the completion of Florence Shepard's largest and perhaps most important painting, the mural in our Nurses' Home dining room. 1979 was also the centenary of the birth of Ernest Shepard, and it was marked by the publication of Rawle Knox's book "*The Work of Ernest Shepard*". It was in fact this book which led the 407 Art Club to ask the relatives of the two artists to lend the pictures that the Club exhibited, and it was the kindness of the family in agreeing to this and in helping the enterprise along that made the exhibition possible.

Here, then, in the Gordon Museum for a week were works from Florence Shepard's student days including her prize winning design



of 1900 for a mural for a public building, which later won her the commission to undertake the painting in oils in the nurses' home, and works of twenty-five years later when she was forced by ill health to spend considerable periods in Italy and France. It was probably the first time that so much of her comparatively small output had been exhibited together and it made an impressive collection. It proved beyond question that Ernest's references to his wife's talent were not made simply out of affection, and it greatly broadened our knowledge at Guy's of the artist who painted the *Procession of the Hours*.

Ernest Shepard's works on exhibition included several extremely well known book plates from the Pooh books and the "*Wind in the Willows*", but were mostly oils and water colours painted for his pleasure and his family's, and included several portraits of Florence. Altogether it was an extremely pleasing and stimulating exhibition.

Readers of Ernest Shepard's "*Drawn from Life*" may recall that Florence's fee for the *Procession of the Hours* (£150) was of material assistance to her and Ernest's plans for getting married. It is nice to think that this gave them an especial affection for Guy's. Certainly, Ernest revisited the nurses' home from time to time until shortly before his death for the pleasure of seeing his wife's mural.

It is worth adding that the Hospital has now named the dining-room containing the mural the Florence Shepard Room and that this was announced at the special view on the first night of the exhibition, when most of the relatives who had lent works for the exhibition were present. It was an enjoyable occasion on the first day of a memorable exhibition.

Seminars on Dying Patients

by Gene Feder

One of the more difficult areas of medicine and nursing is the care of dying patients. In an attempt to broaden the discussion of this topic at Guy's, medical students and nurses, with the encouragement of Professor McColl and his firm, organised seminars on the care of dying patients.

Four seminars were held, each with about six students and 8–10 nurses and nursing students. The seminars were also attended by the house surgeon responsible for the patient being discussed, one of the senior surgical staff and Dr. Weinman, the lecturer in Psychology. Dr.

Weinman's role was to "facilitate" discussion, though most of the seminars ran themselves, requiring little intervention on his part.

The patients were chosen by Sister Fabricius on Martha ward: there were two middle-aged and two elderly patients with inoperable cancers and secondary spread. None of the patients were bed-ridden at the time and all have been subsequently discharged home.

The seminars were introduced by the medical student who had clerked the patient. He or she presented—as on a ward round—the history and examination findings, results of investigations, problems of management and prognosis. This was followed by a student nurse, presenting the patient from a nursing point of view. She emphasised the psychological problems experienced both by patient and staff. This introduction which lasted about twenty minutes was usually followed by the house surgeon enlarging on specific points such as the attitudes of relatives and dilemmas over treatment.

Then the discussion was open. Most students and nurses spontaneously talked about questions like when, how and what to tell the patient, who should do the "telling", the problems of openness and evasion. In all the groups—which were quite different from each other, each student only attending one session—a picture of the patient and their needs developed. In two of the meetings, practical ideas about how to support the patient emerged, which were subsequently acted upon. For example, it was decided to suggest the involvement of a health visitor to one patient who was soon going home. In one of the meetings we tried rôle-playing, i.e. one of us played the patient, asking questions that the patient had really asked (e.g. "What if the growth has spread?" "I'll be around for my child's birthday, won't I?"). We took turns trying to answer them.

The aim of the seminars was *not* to provide formal teaching about pain control or other important aspects of terminal care. Instead, we tried to explore the subjective side of the patients' and our experience. For this type of meeting to work it is important for senior staff not to dominate the discussion, which they can easily do from a position of greater authority and experience.

It is impossible to draw firm conclusions about the value of the seminar on the basis of four sessions. Most students found that it helped them to think more clearly about the problems of dying patients and our response to them. Some advantages of this form of discussion are:

1. It allows nurses and medical students to work together;
2. Abstract arguments and disagreements about how to approach the "dying patient" are largely avoided because we are focusing on a particular person;
3. We can reach a consensus about how to deal with specific needs a patient has;
4. Emotions—our own as well as the patient's—can be aired.

The seminars will continue on the Professorial surgical firm and will also start on one of the medical firms. If they continue to prove successful perhaps they will also have a wider application.

Thanks to Julia Fabricius, without whom the seminars would never have happened.

Nursing

"Blimey, nurse, this is a better Christmas than last year" said Mr. A, who had been a patient for about a week. Further enquiry revealed that for the last four years he had been a resident of Brixton Prison so the compliment did not seem quite as great as before. But he certainly enjoyed himself and his pleasure was one of the things that made that Christmas memorable for the nurses. There was also Mr. B. He had been dicharged six weeks before with his varicose ulcer healed but it had broken down again ten days ago—strange that it did it at the same time last year as well. Then there was the year that Mr. *Stocking* and Mr. *Emmanuel* were in adjacent beds. Mr. *Stocking* was very old and rather confused. He cried when he was given a Christmas stocking and said he had never had one before.

The patients are certainly what makes it all worthwhile when you are a junior nurse—away from home for the first time, thinking of the family together for Christmas and wondering why you ever came to this great lonely organisation called Guy's Hospital. Not only the old and the lonely and those who would be on the streets if they were not in hospital, although it is rewarding to give them a good time. Perhaps even nearer the heart are the very sick—surrounded by their own anxious families—who would so much rather have been at home themselves. And those who you know will not see another Christmas, and maybe they know too.

One of the saddest Christmases was the one on which the family of a young woman who had died three days before brought in a present for each nurse. Each one had been chosen, wrapped and labelled by the patient before she died. Becoming close to patients such as this is what makes nursing especially hard and especially rewarding, and never more so than at the season of peace, joy and goodwill.

As the procession of early morning carol singers moves through the dark wards on Christmas Day, sometimes a figure slips quietly from the line to greet a "special" patient. Then I feel glad that the challenge is one that so many nurses are ready to meet.

Julia Fabricius.

Physiotherapy

The interviewing season, preparatory to next Autumn's intake, is now well under way and we have been looking the fledglings over in the hopes of picking out the cygnets from the goslings. We thought at one stage that we had hit upon some common denominator when almost every one of a day's interviewees proved to have failed French at O level and broken an arm at some stage in her young life. The one exception had failed French all right, and is going skiing at Christmas,

but we felt that she ruined our hypothesis—unless, of course, she was applying a year early? Just as well, perhaps, in view of the Common Market regulations which, we are told, are not far over the horizon and which will, presumably, permit physiotherapists to pop across to Boulogne and thump somebody's chest (so much for *"Defence de crâcher"!)* or twist his neck without further ado.

They all want to work with people, of course, and to help the unwell to get better, preferably before their very eyes. All highly commendable, and where would we be if there were not so many well-motivated and altruistic young people, but not, one assumes, much different from the sentiments expressed by candidates for all the other caring professions, and so less than critical in differentiating between the promising's, and could-be's and the in-no-circumstances.

What do you look for when selecting potential physiotherapy students? A very apposite question asked by careers advisers, head-teachers and parents—and sometimes with incredulity, one suspects, by others. It's very hard to answer. In at least one School, the selection is done on a points-system based solely on academic grounds, though one has to say that it is hard to believe in the light of some of those selected. Not to interview in order to gain at least some idea of the candidate's individuality and presence when his or her professional life is going to be a long series of face-to-face relationships, seems curious.

It would be logical to look at what you want as an end-product and work back from there, but that presumes that there is a homogeneity about the end-product. I used to think there was, back in the early 50's, and I was by no means sure that I wanted to be part of it, but if there is in the 80's, I presume I must have merged in willy-nilly. I just hope that the pattern has been changed.

Could it be that, given certain basic capabilities and attitudes, we could turn anybody into a physiotherapist? In that case, selection would be easy—all those of a given weight, hair-colouring and vital statistics are accepted. End of selection. No, that's not our method—failed French, broken arm in childhood and a good interview technique serve us better, we think.

R. J. Cooper.

Book Reviews

"The Drugs Handbook" by Paul Turner and Glyn Volans, 2nd edition. Pp. 177. Price £3.95. Published by Macmillan.

The first edition of this book was published in 1978, and the appearance of a second editon barely two years later is material evidence of the rapidity of change in the subject and of the usefulness of the book. The major changes are the additons and deletions of drugs according to their availability in the U.K. up to March 1980.

The text consists of a list of drugs alphabetically arranged under their approved names, with brief but clear descriptions of their main actions, uses and modes of administration. A full index of U.K. trade names is given with approved name equivalents.

The first edition of this book has proved valuable for doctors, dentists, nurses and pharmacists and I am delighted that the work is being kept up to date.

ROY SPECTOR.
Professor of Applied Pharmacology.

Correspondence

Professor Emslie: "This is Your Life"

Dear Sirs,

My wife and I have been quite overwhelmed by the kindness and generosity of our many friends at Guy's both past and present, and wonder whether through the columns of the *Gazette* we might express our thanks. Your handsome gifts and wonderful send-offs have provided all the essential needs for happy retirement.

On the final day and after farewells from groups of staff and students the time came for my "final lecture". Luckily for the audience, which included members of the staff of the Department of Periodontology and Preventive Dentistry during the last 30 years, they were spared this ordeal but instead were presented with a brilliantly stage-managed *"This is your Life"*. All was in lighter vein, with personal anecdotes from members of the audience and recorded telephone calls from abroad. Nothing seems to have been too much trouble—my sister in Australia could not be reached since it was "her turn to feed the kangaroos". We do appreciate the tremendous amount of work that must have been involved in the production of this polished entertainment, finishing with *Pimms* in the Robens Suite. Two weeks later the Hospital bade farewell to the Emslie family in grand style. We thank you all most sincerely.

R. D. EMSLIE

Little Hale,
Woodland Way,
Kingswood, Surrey

Lord Brock

Dear Sirs,

Reading your obituary of Lord Brock stirred many memories of a truly great man.

I was lucky enough to be a very junior ward clerk in 1938 on the Davies Colley-Brock firm. Always a great thrill, one's first clinical appointment. Mr. Brock, as he then was, rapidly became our pin-up ideal surgeon. His words of wisdom spiced with a shy sense of humour remain fresh with me yet, forty two years on. Despite his brilliance, technical skill, and clinical courage it is his compassion and kindness that retain pride of place in my memory.

Ten years after my clinical clerkship to him, and no sight or contact with him in this time, I was warded after the war in 1948 in the medical block, for investigation of gastro-intestinal bleeding. As I lay in my bed, the great man approached down the ward with a small group attendant on him. As he passed I felt a hand grasp my leg. A smile and he said "Not too bad I hope?". "No Sir, thank you" I replied and he was gone. But the memory remains of a truly great man who never forgot a face and yet retained the common touch.

Yours sincerely,

EDMUND ROBINSON.

France Farm,
Clawton
Holsworthy
N. Devon
EX22 6QE

Mr. Zamora

Dear Sirs,

On November 18th Mr. Zamora, MCh, FRCS died having attained the ripe old age of 93.

It was only about a fortnight previously that I heard that "Zam" lived nearby and so I hurried round to see him. He was stitting in a chair which he hardly ever left on account of an arthritis in both hip-joints, but his memory and conversation were as lively as it was in 1912 to 1914 when I was studying anatomy under him in the dissecting room. He was delighted to see me and I was given a great welcome by his wife Barbara. I had made a long list of the staff at that time, all of whom he remembered including their families of which many he had operated on during the oncoming war.

Memories of his kindness and joviality came flooding back to me. I remembered those tutorials he gave once a week at rather an early hour. One was never shy at asking him a question and one never got back a rude or sarcastic reply, which often occurred with other teachers and instructors and another attribute was his adaptability to mixing with students and senior staff. Very often we met him in the *"Ship & Shovel"* and then he would be off to dine with one of the senior staff in Harley Street.

I saw hardly anything of him during the War as I was abroad a good deal of the time, but he was the backbone of the surgical side as many of the staff were doing stints of 6 months at a time in France, only to come back and have many military beds in other parts of the Country besides London. How he coped with all the work, I really don't know.

I was going to visit him on the 18th with another list of names, when I read in *The Times* of his death that very day. I have lost, like many others of my age, a true and faithful friend.

F. K. ESCRITT.
Maj. Gen. (Rtd.) late RAHC

31 Pine Bank,
Hindhead,
Surrey

Sticky ends!

Dear Sirs,

If it should come to pass that Guy's and Lewisham Hospitals should form some form of conglomerate institution, would it not seem reasonable to dub the merger with a name rather than allow the birth of yet another string of initials G.L.H.H.D.?

Might I suggest that the new conglomerate is called GLUEYSHAM? I think there may be room for alternative spellings such as GLOOIESHAM or simply GLEWISHAM. Perhaps some of your readers who are keen on anagrams, might suggest a more cheerful sounding name.

Yours faithfully,
RICHARD JOHNS.

Department of Conservative Dental Surgery,
Guy's Hospital,
London Bridge, SE1 9RT

Guy's selection

Dear Sirs,

In your recent edition of the *Gazette*, you raised the question of the criteria required for entry to Guy's Hospital, including a quote from Sir Hedley Atkins. You then commented on the rugby and academic qualifications that he mentioned, but omitted to comment on the first, namely that "father was a Guy's man".

I do not have any offspring entering the medical profession, so have no personal axe to grind. Those responsible for admission of students to Guy's Hospital have an onerous task, and I have no doubt that the qualities of every candidate are varied and complex. Nevertheless, I wonder what weighting is given to the sons and daughters of Guy's men and women.

Medicine is a caring profession, and children who are brought up in that environment are soon made aware of the responsibilities and sacrifices that have to be made. Thus the children of doctors who choose medicine as a career do know what will be expected of them. The family tradition of medicine is a strong one, and proved itself many times over the years, and is well demonstrated by the letter from Dr. Maile.

I am certain that the Selection Committee will reassure us of their good intentions. All I ask is that family is given higher priority. My comments, of course, all presuppose that the applicant has sufficient intelligence, as judged by his 'A' levels, to actually qualify in medicine.

Yours faithfully,
Dr. R. W. ELSDON-DEW.

March House,
The Avenue,
Tadworth,
Surrey.

Three Generations at Guy's

Dear Sirs,

I was most interested in two letters in the September *Gazette*, "Three generations at Guy's", and "Mr. Fagge's Take-in." I qualified in 1928, and since then so have my brother, two sons, and a nephew who was dental. My grandson is in his second year, medicine, so all being well in 3 years there will be 6 of us covering 3 generations. Our qualifications so far include M.D., M.R.C.P., M.S., F.R.C.S., Ph.D., M.Sc., B.D.S., and diplomas in obstetrics and physical medicine. At the last biennial dinner before I retired in 1974, by brother, sons, and myself all sat four in a row! Chris Darke from Sheffield sat opposite.

I was R.P. ('Bobby') Rowlands' H.S. in 1929 with K. O. Parsons, who later moved to Dudley Road Hospital in Birmingham, as registrar, and was fascinated to see the copy of "Chubby' Fagge's take-in sheet on p. 352. This brought back happy memories of days at Guy's. What has always intrigued me was the number of cases of acute appendicitis and appendix abscess we got in those days. I well remember one

occasion during take-in week when we had five in a row after supper, and did not get to bed. The take-in anaesthetics were given by the 'ex H.S.' who might also be on call for the other two over a weekend. There were only about a dozen registrars at that time, 4 medical, 4 surgical, and one each in a few specialities e.g. E.N.T. (Bobby Cann), obstetrics and gynaecology (Gibberd). All injuries and fractures were dealt with by the general surgical teams. Housemen must have numbered about 20, were not paid but got their keep; registrars received £250 a year. Those were the days!

Not long ago I had the following question on one of our quiz radio programmes in Cape Town. "Which is the oldest rugger club still in existance and in what way has it been connected with this country?" The answer of course is Guy's, which was founded in 1843, and the fact that in the early part of this century, until about 1930, so many South Africans played in the teams. In the 1924–25 season cup final, won v. The London, there were no less than eleven including the captain van Schalkwijk! Whoever could forget those days when 'George' Doherty and his successors in the 1920s captained probably the best hospital sides ever produced, with wins over Oxford and Cambridge.

Yours sincerely,

H. N. W. HARLEY,

14 Sunwood Drive,
Tokai,
Cape Town.

Guy's Reunion—in Ontario

Dear Sirs,

I qualified from Guy's Hospital in 1967 and have been practising in Canada for the last 9 years, and in Brantford, Southern Ontario, for the last 3 years. There are many Guy's men in the area, in particular at McMaster University, Hamilton. Discussion with several of these people has indicated the keen desire to have a Guy's reunion dinner in this area. Hopefully, this would become an annual affair.

The present plan is to hold this reunion in May or June 1981, preferably on a Friday. The dinner could be preceded by tennis or golf, the Brantford Golf and Country Club sporting one of the best golf courses in Canada —the Canadian Amateur was held here last year.

This is an appeal to all your readers who live in this area to contact me as soon as possible to indicate their support of this idea. I feel that we would need a minimum of 30 people, including wives, to get this project under way. I can be contacted at home—telephone number 519 756–2448, or through my office—telephone number 519 753–8666.

Yours sincerely,

RICHARD S. CARRUTHERS, M.D.

Avenue Medical Centre,
221 Brant Avenue,
Brantford, Ontario.
N3T 3J2

Snowflake Balls

Dear Sirs,

May I make a few comments on the recent Snowflake Ball. Praise is due for the large effort spent in organising the event: well done! However I left the ball disappointed because as a seasoned Snowflake reveller I found the decoration of Boland House disappointing, more specifically sparse compared to previous years, together with a combination of bands apparently bent on drowning any attempt at conversation. Head banging rock and excessively loud music may have its lovers, but surely this is inappropriate at the Snowflake, which is after all intended to be a social event, not just a pop concert.

I sincerely hope that next year's ball will see an equal effort on behalf of the organisers, however could the distribution and choice of bands be a little fairer to the less hard of hearing.

Yours faithfully,

MARK CRONSHAW

Boland House,
Guy's Hospital.

Snowflake Ball

Dear Sirs,

Just a well deserved vote of thanks to Roger Matthews for all the effort and hard work he put into organising such a successful Snowflake Ball. Well done.

Yours faithfully,

LYNN, JILL, CAROLINE and MARGOT.

Boland House,
Guy's Hospital.

Sport

As winter descends, and the more faint-hearted seek out their winter woolies, I trust that will be taken in context by our Welsh readers, [I dis-associate myself from this remark—*Ed.*], the spirit of the intrepid sportsman of Guy's will once again be tested to its frost-bitten extremes, as they risk the integrity of their peripheral organs while doing battle in some lonely forgotten field for their own glory and for that of this wonderful hospital. Many will wonder at this, and even query the stability of mind of those involved. However, I would guess that these cynics count few among their number who have actually indulged in these wintry pursuits, or they would understand that the determination and loyalty which drives those souls onto the pitches breeds an intensity of purpose which is carried over into the revelries which invariably follow. It is a camaraderie which it is difficult to share unless one has been involved oneself in the austerity of the foregoing hours, and thus many "outsiders" feel that they are just that—outsiders. I can only say that the comradeship is ample reward for the hardship, and urge any waverers to become involved in some way, either by playing with, or by supporting your friends. You will appreciate it, and be much appreciated.

This winter is your best chance for many years: it is predicted that it will be the coldest since 1962/3, and since 1794/5 before that!

C.H.J.T.

GOLF

Guy's v. Sundridge Park G.C.

A rather mild day, after a week which saw the first snow in the suburbs, saw the Guy's team playing our resident club, Sundridge Park, in a reasonably social match. This was sufficient incentive to entice two senior members of the team away from their books though it was rumoured that Craigen was reading a pathology text until he noticed his putting had improved! I thank both Craigen and Robinson for making the effort and contributing to the team's success.

The top match saw both pairs in a neat round of about three under par. Poole played some excellent golf with his immaculate birdie at the eighteenth to halve the match. As he had not touched a club for six weeks it was a very well-played round.

The home side struck back with a narrow victory over Robinson and Dixon despite their effort of a level par better-ball score. Next in was the fourth match with a handsome win to Guy's apparently due to a large number of strokes being given by the opposition. A win or draw in the third match would give Guy's a clear victory; the vital game had a decisive turning point with Walker "tramlining" a putt in for a win at the ninth which with the last nine holes being halved gave the "goodies" a one hole victory. (The above quote is quite accurate and translated probably means the ball dropped after making quite an indentation on the back of the hole—it only matters that it was holed.)

During the post-match discussions the most important topic of conversation was how enjoyable the match was to both sides and together with the standard of golf gave a perfect example of sport played in the right spirit.

Page/Poole halved with Emerson/Crawford. Robinson/Dixon lost to Brosnan Jnr./Costello (2/1) Craigen/Walker beat Emerson-Evans/Whilby. Davies/Gibb beat Brosnan Snr./Mills.

N. PAGE (Captain).

WATER POLO

Once again on the 1st weekend in July a group of intrepid and muscular Guy's men set off into the wilds of the West Country for the annual Water Polo tour.

This year, with a depleted team, we were not as confident as on previous occasions, but with 2 newer members of the team, obvious beer connoisseurs, spirits were high.

Traditionally the 1st game of the tour is against Yeovil, and it's usually a tight match. This year we lacked match practice and a stronger, fitter and more skilful side just managed to beat us 6:3. The difference would have been much greater, Graham Bell was unable to get out of the way of General shots whilst playing as deep end goalie. Yeovil are always a nice team to lose

to, they're very generous in the pub afterwards, and there's a good chinese take-away in the town centre. . . . .

Our second match is always played in the arctic conditions of Bridport Harbour and so any defeat is excusable. In an endurance event in which our entire team went hypothermic we conceded eight goals and scored only 3. We then retired hastily to the changing rooms for the inevitable search.

Later that evening we travelled to Bovington to play Bournemouth. This fixture is always tense and this year the match degenerated almost to a brawl on occasions. We lost 5:4 in an exciting game which was marred by the aggression of the opposition.

Our final game was against Lymington, and, as the storm clouds gathered on the horizon we were horrified to find we were playing in an unheated, open air pool.

Fortunately the weather held, and although we played below our best, it was a close game. Our problems were compounded when Dave Rickard had to retire, with a cut over his eye.

Although Ray Vella played a good game (He always does) and scored 4 goals we were again beaten 5:4.

All in all it was a good tour and even though we didn't return victorious, to streamers and flying flags everyone enjoyed it.

The tour does demonstrate that our team needs some new blood, and despite last year's successes we are desperately short of good swimmers. Anybody interested in swimming or playing water polo for Guy's should contact the swimming club via the east wing pigeon holes.

Finally this year sees the loss of another player, Andy White, who has been a member of the team for 5 years and this opportunity should be taken to thank him for his efforts in the past.

Those playing on the tour were: Graham Bell, Mike Miller, Dave Rickard, Peter Robinson, Paul Silvester, Mark Vella, Ray Vella (Captain), Andy White, Greg Wilcox.

SAILING CLUB

Bannister Sailing Cup

7th and 8th November

The Bannister Cup is an inter-hospital two boat team racing cup. This year seven teams took part. The racing was arranged on a knock-out basis with several teams receiving byes to the 2nd round.

Guy's were sailing with a new and untested team with Nick Pryke and Lawrence Peters helming and Teresa Dean and Richard Hurrell as crew. In the first round, after some initial set-backs, Guy's pulled through to win the heat. St. Thomas's, The London and Charing-Cross Hospitals also reached the semi-final. St. Thomas's reached the final by beating Charing Cross although there was a ding-dong battle with both teams receiving penalties. Guy's convincingly beat The London with 1st and 2nd places to reach the final.

In the final Guy's had the first race seemingly sewn up until Nick Pryke hit the last mark, and after re-rounding the mark received penalties for hitting one of St. Thomas's boats. The second round was won by St. Thomas's who took the cup for the second year running—damn!!

NICK PRYKE (Team Captain).

SOCCER

2nd Team Soccer Report

Second team soccer kicked-off back in mid-October with a long trek to play Bedford College thirds. It was an emotional moment for the assorted ex-thirds and Freshers and Liam Broughton (and his leg), being captained for the first time by that extremely famous Welsh idiot Harri Williams. Harri, just returned from a long night's shouting (down in H.Q.) was responsible for at least six of the opposition's goals but blamed it all on Liam's leg, which was still on the touchline.

Anyway we lost 1—7, but mention must be made of Bob Bond who, playing at centre-forward, scored our late consolation goal. Bob, who has really been on the boil this season, was right on the spot to squeeze home a long cross from the right.

Next match, vs. Barts II was even more exciting with the return of Steve Robinson (still loath to admit that he really is promised to team physio/radiographer Bernadette Grunitt), giving us some hope of getting our noses in front. Steve hammered a thirty yard shot into the back of the net only to see the goal disallowed for offside against Dave Cheshire who was running to get back to his girlfriend. Anyway we lost 0—5 despite the efforts of the excellent midfield, one of whom

should really be the captain, particularly the good-looking one on the right.

The following Wednesday we were at home to King's College III and took an early lead through Al "Shaggy the Mod" Black following an unbelievably brilliant through ball from the right of midfield where plays a man who really could, and should, be captain of the First XI. Anyway we lost 1—3 to a rather ugly side and were all as sick as parrots.

Against L.S.E. III in the next match we were two up through Dave Cheshire running like a greyhound after the ball (he thought it was his girlfriend) following good work by the right midfield (a potential Liverpool captain if you ask me). Anyway we lost 3—6 even though the opposition had a man sent off for existing, a point to note being our late goal scored by Dennis "V" Kinsella, his first for Guy's.

The next game was an epic. A long journey to play against Westminster II in the U.H. Cup seemed a waste of time (as they're always so bad) until they took the lead. A horribly lethargic performance by Guy's, especially from Colin Tidy (squeezing two men into one pair of shorts these days) and Jon Exelby, was only made up for by a marvellously inspiring performance by the Vice-Captain, (a ridiculously lowly position for one so talented) and we won 6—1 with goals for Tim Harris (3), Jon Exelby, Colin Tidy and a particularly brilliant one from Brian Jenkins. Al Black's miserable performance resulted in only one goal, disallowed for offside on the appeal of the Vice-Captain, who has the right to do these things. Afterwards we had a marvellous celebration and Brian Jenkins was ill. Colin Tidy had to go home early but got his gut stuck in the door. We were joined by the unfortunately and unluckily defeated 1st XI and a baby in a leather jacket who turned out to be Ed Rytina, 3rd team captain, just returned with his side from a marvellous feat of giant-killing against K.C.H. II. On the train later was even more marvellous with people scrummaging up and down the carriage and jumping under trains and all sorts of things.

Unfortunately for the 3rds the Vice-Captain couldn't play in the next match but luckily the Gods were on their side and they scraped home 3—2 against Bart's II.

Again against Bart's II the following Saturday, vice-Skip returned and anyway we lost 1—3 despite excellent performances from Shakeel Saeed in goal (improving with every match) and Brian Jenkins. Our goal was scored by John Rawcliffe who just managed to squeeze home a shot on the turn by a hairsbreadth.

Our last match so far this season again saw the 3rds struggling without their beloved Vice-Captain but they were lucky again and won 3—1 against a weakened Imperial College IV team.

So in summary, a mixed start to the season with one of the few bright points being the Vice-Captain and right side midfield player (who could play for England still) and an improvement is predicted because he is going on his elective.

ALF STYLES,
THE MAN ON THE TOUCHLINE.

P.S. Next Cup game: Guy's II v. Guy's IIII

Hospital Information

PASS LIST

UNIVERSITY OF LONDON, FACULTY OF MEDICINE

Examinations in Basic Medical Sciences and Pharmacology

J. H. P. Alexander
C. W. Barras
B. A. Benjamin
J. Chatterjee
S. J. Fletcher
R. Hadji-Stylianou
J. F. Hart
T. M. Johnson
Ms J. M. Lewicki
Ms C. M. Lockwood
D. G. Maggs
D. L. O'Driscoll
D. W. O'Flynn
V. L. Parker
J. F. X. Rawcliffe
S. Singh
Ms E. F. Storr
Ms C. E. Yeates

Preliminary Examination for Studies in Medical Subjects

Ms A. D. Burgess
C. D. M. Clemetson
Ms A. C. A. L. Giedroyc

UNIVERSITY OF LONDON

Third (MB BS) Examination for Medical Degrees

C. Hopper
T. A. Underwood

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Final LDS Examination Part III

Ms C. A. Chryssides
J. M. Friend
S. R. Griffiths
C. J. Lawson-Baker
G. D. Palmer
J. Pearson

ENGAGEMENTS

BOFFARD—WILSON. The engagement is announced between Mr. Kenneth Boffard and Dr. Virginia Wilson.

MARRIAGE

PARRY—BEST. July 26th, 1980, at St. Barnabas' Church, Rowlands Gill. David Gratton, eldest son of Dr. and Mrs. Peter Gratton Parry, Llannerch, Morfa Bychan Road, Porthmadog, to Shirley, only daughter of Mr. and Mrs. John Maurice Best, Lintzford Road, Rowlands Gill. Congratulations and happiness from both families.

BIRTH

GOODHART—To Kathleen (née MacRae) and Robert, a son (Iain Michael) on 23rd September. A brother for Martin and Kim.

CHANGE OF ADDRESS

GOODHART—From December 18th Kathleen and Robert Goodhart, Chantry Farm House, Beaminster, Dorset.

GRENE—Dr. and Mrs. J. D., 1 St. Davids Walk, Moreton-in-Marsh, Glos., GL56 0LU.

FOX—Jonathan and Judith Fox are now back in the U.K. at 44 Glenwood Avenue, Bassett, Southampton, SO2 3OA. Tel.: 0703–766882.

FEAVER—Dr. R. E., Bramley Cottage, Hedsor Road, Bourne End, Bucks., SL8 5EE. Tel.: Bourne End 24150.

PERSONAL

Forest Hill—Award winning design town house for sale. Three large bedrooms, lounge/dining, kitchen, utility room, cloakroom, c/heating, patio, garden, garage. Quiet tree lined road, 6 min. station. £40,950. F.H.—Tel.: 01–699 2635.

Stuart and Sandy Cripps are delighted to announce the adoption of Simon James Stuart, born April 21st, 1980. Adopted 13th October, 1980.

Lewisham Health District. Senior House Officer in Accident and Emergency required for the Lewisham Health District based at Lewisham Hospital from 1st February, 1981 for six months in the first instance.

This is one of six resident posts which gives ample off duty time for study and participation in the post-graduate and undergraduate programmes of the Hospital. Excellent library facilities are available.

Applications with names and addresses of two referees to the Medical Staffing Officer, Lewisham Hosiptal, High Street, London, SE13 6LH.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 2 months are 19th January and 15th February 1981.

Copy may be sent to us at Mary Sheridan House, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

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